FORM RF-3

Change in Company's premium or rate level produced by rate revision effective <u>08/01/2009</u>.

(1)	(2)	(3)
Coverage	Annual Premium	Percent
-	Volume (Illinois)*	Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	120,198,262	<u>+ 2.7 %</u>
16. Other		
Line of Insurance		
oes filing only apply to certain territory (territories)	or certain classes? If so, specify <u>No</u>	
rief description of filing (if filing follows rates of an	advisory organization, specify organiza	ition) See cover letter:
(Adopt 1/1/09 Advisory Rates)		

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

ACE AMERICAN INSURANCE COMPANY Name of Company

T – WC Associate Product Mappeler DIVISION DE INSURANCE STATE OF ILL MOIS/IDEPR Steve Kreider -

AUG 0 1 2009

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2009.

(1)	(2)	(3)
Coverage	Annual Premium	Percent
	Volume (Illinois)*	Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft	45.	
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	***	
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	***	
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	2,138,768	+2.7%
16. Other	400-	
Line of Insurance		
Does filing only apply to certain territory (territories	a) or cortain classes? If so, specify. No.	
boes filing only apply to certain territory (territories	s) of certain classes? If so, specify 140	
Brief description of filing (if filing follows rates of a	n advisory organization, specify organiza	tion) See cover letter:
(Adopt 1/1/09 Advisory Rates)		

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

ACE FIRE UNDERWRITERS INSURANCE COMPANY
Name of Company

<u>Steve Kreider – WC Associate Product Manager</u> Official — Title

> DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

> > JAN 0 1 2009

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2009.

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or –)**
1. Automobile Liability	volume (minois)	Change (1 of -)
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		****
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	36,163,552	+2.7%
16. Other		7.71
Line of Insurance		
Does filing only apply to certain territory (territories) or certain	classes? If so, specify <u>No</u>	
Brief description of filing (if filing follows rates of an advisory o	rganization, specify organiza	tion) Adopt 1/1/09 Advisory Rates

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

ACE PROPERTY & CASUALTY INSURANCE COMPANY
Name of Company

Steve Kreider – WC Associate Product Manager Official — Title

> JIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

> > JAN 0 1 2009

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SUMMARY SHEET

IDFPR (MPC) Division of insurance Springfield

	Change in Company's premium or rate	e level produced by rate revision effective	01/01/2009
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1	. Automobile Liability		
	Private Passenger		
	Commercial		
2			
	Private Passenger		
	Commercial		
3			
4	. Burglary and Theft		
5	. Glass		
6	. Fidelity		
7	•		
8	. Boiler and Machinery		
9			
10	<u> </u>		
11	. Inland Marine		
12			
13			
14	•		
15		\$50,283	3.5%
	Line of Insurance		
_			
		rritories) or certain classes? If so, specify:	
_No)		
	0.1		ii\.
		rates of an advisory organization, specify	organization):
_A	dopting NCCI January 1, 2009 rates.		
		ON OF INSURAN	ICE
*	Adjusted to reflect all prior rate changes	OF ILLINOIS/IDFP	'R
	Change in Company's premium level wh		\
	result from application of new rates.	JAN 0 1 2009	
		JVM 0 I 5002	}
		SPRINGFIELD, ILLIN	018
		1 Made	William Imparamet
		Comp	
			Name of Company

Edith Goodgame, V-P Underwriting Services Official - Title

Form (RF-3)

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective 02/01/2009 .

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private	Totalio (illinoio)	
Passenger	0	0
Commercial	0	0
Automobile Physical Damag		
Private Passenger	0	0
Commercial	0	0
Liability Other Than Auto	0	0
Burglary and Theft	0	0
Glass	0	0
Fidelity	0	0
Surety	0	0
Boiler and Machinery	0 .	0
Fire	0	0
Extended Coverage	0	0
Inland Marine	0	0
Homeowners	0	0
Commercial Multi-Peril	0	0
Crop Hail	0	0
Other Workers Compensation	10,084,102	3.8%
Life of Insurance		
Does filing only apply to cer Classes? If so,		
specify: Does	not only apply to certain classes of	or territory.
Brief description of filing. (In Organization, specify organization):	•	advisory compensation voluntary advisory rates as filed by NCCI on behalf of carriers suff
	rate changes.	
*Adjusted to reflect all prior **Change in Company's pre	emium level which will resi	ult from application of new
*Adjusted to reflect all prior **Change in Company's pre rates.	emium level which will resi	
**Change in Company's pre	emium level which will reso AmCOMP Assura	ance Corporation
**Change in Company's pre	emium level which will reso AmCOMP Assura	

FORM (RF-3)

SUMMARY SHEET



SUMMARY SHEE!

SPRINGFIELD ILLINOIS

Change in Company's premium or rate level produced by rate revision ILLINOIS effective 02/01/2009

(1)	(2) Annual Premium	(3) Percent
Coverage	- Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger	0	0
Commercial	0	0
Automobile Physical Damag		•
Private Passenger	0	0
Commercial	0	0
Liability Other Than Auto	0	0
Burglary and Theft	0	0
Glass	0	
Fidelity	0	0
Surety	0	0
Boiler and Machinery	0	0
Fire	0	0
Extended Coverage	0	0
Inland Marine	0	0
Homeowners	0	0
Commercial Multi-Peril	0	0
Crop Hail	0	0
Other Workers Compensation	6,927	6.27%
Life of Insurance		
Does filing only apply to cert Classes? If so,	tain territory (territories) o	r certain
specify: Does r	not only apply to certain classes of	or territory.
Brief description of filing. (If	filing follows rates of an	advisory
Organization, specify	AmcCOARD is Slice and 721 CM to explain the 01.01.2	009 NCCI loss costs. AmCOMP will continue to use its acheduled rate pla
organization):	Automar is many a 1.72 Com to appry to the 01.01.2	THE PARTY AND THE PROPERTY HE CONTINUE TO THE BUILDING THE PARTY IN TH

AmCOMP Preferred Insurance Company		
Name of Company		
Jayson Taylor	Caylindry represently proper Traffer On consequent Traffer, in-in-Carlot for, on-in-Carlot for, canali-projent property con-in-Carlot for, on-in-Carlot for, canali-projent project, canali-project for the c	
	Official – Title	

rates.

FORM (RF-3)

SUMMARY SHEET



- -	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private Passenger		
^	Commercial		
2	Automobile Physical Damag Private Passenger		•
	Commercial	****	
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		والمراجع بالمراجع المستعدد فالمستعدد المستعدد المستعدد المستعد المستعدد الم
15.	Other Workers' Compensation	\$133,392	+0.4% CONTENSURANCE OF ILLINOIS/IDEPR
	Life of Insurance		The state of the s
•	Does filing only apply to certa Classes? If so, specify: No	ain territory (territories) o	
			COMMUNICATELD, ILLINOIS
	Brief description of filing. (If Organization, specify organization): per Circulars IL-2008-07 and IL-2008-1:	Filing to adopt NCCI's Ap	pproved Loss Costs and Rating Values
	-		
	*Adjusted to reflect all prior ra **Change in Company's prenates.	ate changes. nium level which will resu	ult from application of new
	rutos.	American Automo	obile Insurance Company
		Alliencan Automo	Dile ilibulatice Collipaliy

Senior Vice President - Chief Compliance Officer
Official - Title

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective: 4/1/2009 ***CORRECTION*** AMENDED EFFECTIVE DATE OF 3/1/2009

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5 .	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	<u> </u>	
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12 .	Homeowners		
13 .	Commercial Multi-Peril		
14 .	Crop Hail		
15 .	Workers Compensation	1,325,121	3.3%
16 .	Other:		

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

We are adopting the 1/1/2009 NCCI IL voluntary rates with an effective date of

1/1/2009 ***CORRECTION*** AMENDED EFFECTIVE DATE OF 3/1/2009

- * In-force Written Premium
- ** Change in Company's premium level which will result from application of new rates.

American Casualty Company of Reading, PA
Name of Company

Sean Ramlal - Actuarial Analyst

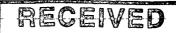
Official - Title

OF INSUPANCE

STATE OF ILLINOIS/IDEPR

1 2009

SPRINGFIELD, ILLINOIS



NOV 2 0 2008

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

inge i	n Company's premium or rate level produced by rate revis	sion effective:	1/1/09
	(1)	(2)	(3)
	•	Annual Premium	Percent
	Coverage	Volume (Illinois) *	Change (+ or -) *
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
2	Commercial OF INSURANCE	E	
3.	Liability Other than Auto SON OF INSURANC Burglary and Theft STATE OF ILLINOIS/IDFPR		
4.			
5.	Glass		
6.	Fidelity Surety JAN 0 1 2009		
7.			,
8.	Boiler and Machinery		
9.	Fire SPRINGFIELD, ILLINO	IS I	
0.	Extended Co. Grago		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail	1 225 121	3.3%
5.	Workers Compensation	1,325,121	3.370
6 .	Other:		
s filir	ng only apply to certain territory (territories) or certain cla	sses? If so, specify.	Not Applicable
	cription of filing (if filing follows rates of an advisory org		
	e are adopting the 1/1/2009 NCCI IL voluntary rates with	an effective date of	
<u>1/1</u>	./2009		
_	a with B		
_	force Written Premium	11 6	
Ch	ange in Company's premium level which will result from	application of new rates.	
		American Casualty Con	npany of Reading, PA
		Name of C	
		Sean Ramlal - Ac	tuarial Analyst
		Official -	

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	1/1/2009
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$32,029	+0.38%
Line of Insurance		
Does filing only apply to certain territory (territories) or certain classes? If so, specify:	No
Brief description of filing, (If filing follows)	rates of an advisory organization, specify or	ganization):
Adopting the 1/1/2009 NCCI Loss Cost fil	ing including Miscellaneous Values with no	change to our LCM of 1.30.
*Adjusted to reflect all prior rate changes. **Change in Company's premium level w	hich will result from application of new rates	
		pensation Insurance Company
		Name of Company
	Mondy I Post	Corporate Compliance Manager
	vvenuy J. Book -	Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JAN 0 1 2009

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11 .	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	3,879,597	4.7%
	Line of Insurance		
Brie		erritories) or certain classes? If so, specify: ates of an advisory organization, specify or es effective January 1, 2009	
	justed to reflect all prior rate changes. hange in Company's premium level wh	nich will result from application of new rates American Guarantee and Lia	bility Insurance Company
		Denise Goode, Secretary	lame of Company
		Define Goode, Secretary	Official Title

STATE OF ILLINOIS/IDEPR

JAN 0 1 2009

CPRINGFIELD, ILLINOIS

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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

MAY 0 1 2009

Form (RF-3)

SUMMARY SHEET

ephingfield, Illinois

,	Change in	Company's premium or ra	te level produced by rate revision effective	May 1, 2009
		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Privat	obile Liability e Passenger nercial		
2.	Automo Privat	nercial obile Physical Damage e Passenger nercial		
3.	Liabilit	y Other Than Auto		
4.	Burglar	y and Theft		
5.	Glass			
6.	Fidelity	,		
7.	Surety			
8.	Boiler a	and Machinery		
9.	Fire		·	
10.	Extend	ed Coverage		
11.	Inland	Marine		
12.	Homeo	wners		
13.	Comme	ercial Multi-Peril		
14.	Crop H	ail		
15.	Other	Workers Comp	\$276,700	-10.0%
		Line of Insurance		
Does f	iling only	apply to certain territory (t	erritories) or certain classes? If so, specify:	
We a 2009 who	are fiing D. Loss clesale cl	to adopt NCCI's Janua costs will be adjusted b ass 8018; 1.812 for Im	s rates of an advisory organization, specify of ary 1, 2009 loss costs for use with poly our multipliers of 1.985 for hardwa plement Dealers class 8116; 2.400 for an overall rate level decrease of 10.	licies effective May 1, re class 8010; 1.898 for r all other classes of

American Hardware Mutual Insurance Company

Name of Company

^{*} Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET



	(1)	(2) Annual Premium	(3) Percent	
	Coverage	- Volume (Illinois) *	_ Change (+or-) *	t*
	Automobile Liability Private Passenger			
	Commercial			
	Automobile Physical Damag Private Passenger Commercial			•
	Liability Other Than Auto			
	Burglary and Theft	· · · · · · · · · · · · · · · · · · ·		Andrew Control of the
	Glass			
	Fidelity	<u> </u>		
	Surety		′	
	Boiler and Machinery			
	Fire			
١.	Extended Coverage			
	Inland Marine			
2.	Homeowners			
	Commercial Multi-Peril			
١.	Crop Hail			
	Other Workers' Compensation	\$3,190,406	+1.74%	-
	Life of Insurance		CIAT	OF INSURAL
	Does filing only apply to certa	ain territory (territories) o	r certain	, , , , , i, j)
	Classes? If so,	• • •		AN 0 1 2009
	specify: No			
			0000	
	Brief description of filing. (If	filing follows rates of an	advisory	GFELD, ILLINO
	Organization, specify			
	organization):		proved Loss Costs and Rating	g Values
	per Circulars IL-2008-07 and IL-2008-1	3		
	*Adjusted to reflect all prior rates. **Change in Company's prenates.		ult from application of	new
		The American Ins	surance Company	
		Na	ame of Company	
			lent - Chief Compliance Off	icer

Official - Title

FORM RF-3

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or-)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.			
6.	Glass Fidelity Fideli		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		-
0.	Extended Coverage		
1.	Inland Marine SPRINGFIELD, ILLINOIS		
2.	Homeowners		-
3.	Commercial Multi-Peril		
4.	Crop Hail	C 46 504 450	3.8%
5.	Workers Compensation	\$ 16,594,459	3.070
6,	Other		
	Line of Insurance		
es	filing only apply to certain territory (territories) or cer	tain classes? If so, specify !	N/A
	apply to deflair territory (territorios) of ter	tain classes? If so, specify _	
ief (description of filing (if filing follows rates of an advis	ory organization, specify org	anization) Adoption of 1/
CC	Advisory Loss Costs with a delayed effective date	e of April 1 2009 to be effi	anization) Adoption of the
	The state of the s	o of April 1, 2000. To be effe	SCUVE IOI AII

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

APR 0 1 2009

SPRINGFIELD, ILLINOIS

American Interstate Insurance Company Name of Company

Kathy Wells, State Filing Coordinator

Official - Title

WC-IL-6

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation	9,806,254	-4.4%
	Line of Insurance		
Doe	es filing only apply to certain territory (t	erritories) or certain classes? If so, spec	sify:
	of description of filing. (If filing follows ration of NCCI advisory loss costs and rating value	ates of an advisory organization, specify s effective January 1, 2009	organization):
	justed to reflect all prior rate changes. nange in Company's premium level wh	ich will result from application of new ra	tes.
		American Zurich Insuran	ce Company
			Name of Company
		Denise Goode, Secretary	
			Official – Title

STATE OF ILLINOIS/IDFPR

JAN 0 1 2009

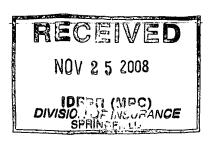
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IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

SPRINGELL.D. ILLINOIS

FORM (RF-3)

SUMMARY SHEET

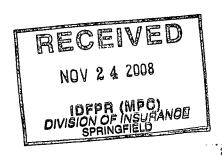


	(1)	(2) Annual Premium	(3) Percent
	Coverage	 Volume (Illinois) * 	_ Change (+or-) **
Auto	mobile Liability Private		
Pas	senger		
	nmercial		
	omobile Physical Dama	9	
	ate Passenger		
	nmercial		
	ility Other Than Auto		
_	glary and Theft		
Glas	•		4-10-mark
Fide	•		
Sure	•	***************************************	
	er and Machinery	·	
Fire			
	nded Coverage		
	nd Marine	•	/ JOT INCLIDA
	neowners		N OF INSURA <u> </u>
	nmercial Multi-Peril		<u>्या स्</u> र
•	Hail	A40.000	+2.1% JAN U 1 2009
Othe	er Workers' Compensation Life of Insurance	\$49,869	+2.1% JAN ♥ I Z009
	Life of modrance		
	es filing only apply to ce sses? If so,	ertain territory (territories) o	r certain CPRINCFIELD, ILLIN
spe	· ·		
Brie	f description of filing. (If filing follows rates of an	advisory
_	anization, specify		
orga	anization):	Filing to adopt NCCI's Ap	oproved Loss Costs and Rating Values
per C	Circulars IL-2008-07 and IL-2008	3-13	
4 8 1			
	• • •		ult from application of new
iale	ა .	Associated Inden	nnity Corporation
		, ,5000,000,000,0110011	,
		Na	ame of Company lent - Chief Compliance Officer

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
11.	Inland Marine		
	Homeowners _		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation	1,742,661	6.7%
	Line of Insurance		
Brie	ef description of filing. (If filing follows ra	tes of an advisory organization, specify organization	anization):
Adop	otion of NCCI advisory loss costs and rating values	s effective January 1, 2009	
	justed to reflect all prior rate changes. hange in Company's premium level whi	ch will result from application of new rates.	
		Assurance Company of Americ	a
			me of Company
		Denise Goode, Secretary	
			Official Title



OF INSURANCE DIATE OF ILLINOIS/IDFPR

JAM 0 1 2009

OPENIAFIELD, ILLINOIS

Section	on 754.EXHIBIT A Summary	/ Sheet (Form RF-3)	<i>j</i> , , , , , ,
		FORM (RF-3)	STATE OF INSURANCE
	5	SUMMARY SHEET	JAN O T OF
	Change in Company's premit effective January 1, 2009	ım or rate level produced	dby rate revision 2009
			TLD, ILLINOIS
-	(1)	(4)	(0)
-	0	Annual Premium	Percent Change (Lor) **
4	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
2	Commercial		
Z	Automobile Physical Damag		•
	Private Passenger Commercial		
3.	Liability Other Than Auto	*** **********************************	
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	***************************************	
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	1,822,000	3.5%
	Life of Insurance		
•	Does filing only apply to certa	ain tarritany (tarritarias) a	r cortain
	Classes? If so,	an terniory (terniories) o	Certain
	specify: No		
	apoony.		
	Brief description of filing. (If	filing follows rates of an a	advisorv
	Organization, specify	9	•
	organization):	Advisory Voluntary Work	ers' Compensation Rates And Minimum
	Premiums Filed By NCCI and a -10% D	eviation For Class Code 9082 - R	lestaurants NOC
	*Adjusted to reflect all prior ra **Change in Company's pren	ate changes. nium level which will resu	ult from application of new
	rates.	Radger Mutual Inc	surance Company
			ame of Company
			ers' Compensation Coordinator
			Official – Title

FORM RF-3

Change in Company's premium or rate level produce	ed by rate revision effective	1/1/2009
---	-------------------------------	----------

(1) Coverage	(2) Annual Premium	(3) Percent Change (+ or –)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation		32.1% - note filing memorandum
16. Other Line of Insurance		
Does filing only apply to certain territory (territories) or certain Applicable to all territories and classifications	classes? If so, specify	
		tion) This file is to adopt the NICO
Brief description of filing (if filing follows rates of an advisory of		
Loss Costs referenced in approval circular IL-2008-13 and to revise	the loss cost multiplier for Caroli	na Casualty Insurance Company from 1.41
to 1.863. The company is introducing a new pricing tier. Please see	the filing memorandum for a det	ailed explanation on the revised pricing
structure. No premium impact to current policyholders is anticipated	by this revision.	
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from	application of new rates.	
-	Carolina Casualty Insurar	nce Company Name of Company

Stacye E. Adams – Sr. Compliance & Regulatory Specialist
Official — Title

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective			January 1, 2009	
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**	
1.	Automobile Liability	volume (illinois)	change (w ,	
	Private Passenger			
	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Workers Compensation	9,138,318	6.3%	
16.	Other			
	Line of Insurance			
	<u> </u>			
Does	filing only apply to certain territory (territories) or certain	ain classes? If so, specify <u>h</u>	No	
Worl	description of filing (if filing follows rates of an advisor cers Compensation loss costs and rating va cost multiplier from 1.661 to 1.698. The filir	alues per NCCI Circular IL-2008-13.	Adoption of NCCI approved The filing also increases the leviation of +10.0%.	
		<u> </u>		
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will res	sult from application of new rates.		
		Charter Oak F	Fire Insurance Company	
	Andrewson Administration of the Control of the Cont		f Company	
	DIVISION OF INSURANCE		•	
	STATE OF ILLINOIS/IDFPR		0.11/1.5	
	FILED		2nd Vice President	
	JAN 0 1 2009	Offici	al - Title	
	SPRINGFIELD, ILLINOIS	WC-IL-7	Printing 08/95	

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Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective		01/01/2009	
	(1)	(2)	(3)
	Coverage	Annual Premium <u>Volume (Illinois)*</u>	Percent Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	4,310,906	1.7%
	Line of Insurance		
	• • • • • • • • • • • • • • • • • • • •	rritories) or certain classes? If so, specify:	
Appl	ies to all territories and classes.		
		tes of an advisory organization, specify organ	nization):
Adop	otion of the 1/1/09 loss costs published by NCCI (I	NCCI Circular # IL - 2008 - 07)	
* A _1			
	justed to reflect all prior rate changes.	ala veille acceptation of acceptance	
C	nange in Company's premium level which	ch will result from application of new rates.	
		Chult Indonesia Income	
		Chubb Indemnity Insurance Co	
		Nai	me of Company
		Assistant Vice President	teril Auch

STATE OF ILLINOIS/IDEPR

JAN 0 1 2009

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		· · · · · · · · · · · · · · · · · · ·
6.	Fidelity	· · · · · · · · · · · · · · · · · · ·	
7.	Surety		
8.	Boiler and Machinery		· · · · · · · · · · · · · · · · · · ·
9.	Fire		
	Extended Coverage		
	Inland Marine	· · · · · · · · · · · · · · · · · · ·	-
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	132.765	6.4%
-	Line of Insurance	102,100	0.470
		erritories) or certain classes? If so, specify:	
	_ · · · · · · · · · · · · · · · · · · ·	ates of an advisory organization, specify orga	nization):
Adop	tion of NCCI advisory loss costs and rating value	es effective January 1, 2009	
	justed to reflect all prior rate changes. nange in Company's premium level wh	ich will result from application of new rates.	
		Colonial American Casualty and	Surety Company
			e of Company
		Denise Goode, Secretary	
		Of	ficial – Title

JAN 0 1 2009



FORM RF-3

Change in Company's premium or rate level produced by rate revision effective:	1/1/2009 ***CORRECTION***	AMENDED EFFECTIVE DATE OF 3/1/200
Change in Company's Dicinium of fale level produced by fale revision effective.	Trizous Coldazonom	THIRD ED BY BOTT BRITE OF COMPANY

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Workers Compensation	3,906,904	4.0%
i .	Other:		

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Brief description of filing (if filing follows rates of an advisory organization, specify organization). We are adopting the 1/1/2009 NCCI IL voluntary rates with an effective date of 1/1/2009 ***CORRECTION*** AMENDED EFFECTIVE DATE OF 3/1/2009

- In-force Written Premium
- Change in Company's premium level which will result from application of new rates.

Continental Casualty Company Name of Company Sean Ramlal - Actuarial Analyst Official - Title

> STATE OF ILLINOIS/IDFPR MAR 0 1 2009 EPRINGFIELD, ILLINOIS



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DFPR (MPC)
DIVISION OF INSURANCE
SEBINGEIELD

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

hange i	n Company's premium or rate level produced by rate revisi	on effective:	1/1/09
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10 .	Extended Coverage		
11 .	Inland Marine	·	
12 .	Homeowners		
13 .	Commercial Multi-Peril		
14 .	Crop Hail		
15	Workers Compensation	3,906,904	4.0%
16 .	Other:		
10.	o.i.e.		
oes filii	ng only apply to certain territory (territories) or certain clas	ses? If so, specify.	Not Applicable
		•	DIVISION OF INSURANCE
inf dog	cription of filing (if filing follows rates of an advisory orga	nization checify organizat	STATE OF ILLINOIS/IDFPR
	e are adopting the 1/1/2009 NCCI IL voluntary rates with a		ion). FILED
	/2009	dir criccuve date or	0 4 2000
1/ !	<u> </u>		JAN 0 1 2009
T	force Written Premium	,	- -
	norce written Fremium ange in Company's premium level which will result from a	unnlication of new rotes	
Cn	ange in Company's premium level which win result from a	ipplication of new rates.	SPR!NGFIELD, ILLINOIS
			ntal Casualty Company
		Na	ame of Company
			nlal - Actuarial Analyst
		•	Official - Title

FORM (RF-3)

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2009

SUMMARY SHEET

m Percent
) * Change (+or-) **
+7%
es) or certain
of an advisory
n dividavisory
ntary Market Rates and Rating Values e
II result from application of n
ck Underwriters
Name of Company
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Official - Title DuBord Filings Coordinator
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FORM RF-3

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Change in Company's premiu	m or rate level produced by rate rev	vision effective $\frac{1-1-c}{c}$	2009 DIVISION	I OF INSURANCE RINGFIELD
(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**	
Automobile Liability Private Passenger Commercial				·
Automobile Physical Dan Private Passenger Commercial Liability Other than Auto	nage			,
4. Burglary and Theft 5. Glass 6. Fidelity	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR			
7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage	JAN 0 1 2009			
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril	SPRINGFIELD, ILLINOIS			
15. Workers Compensation 16. Other Line of Insurance	e	12,588,820	<u>-190</u>	
	n territory (territories) or certain clas	sses? If so, specify	RIES,	
	ng follows rates of an advisory organ			
AND RATINGS V RENEWAL POL	INUES, EFFECTIVE	1-1-2009,	FOR NEW NOCI FILIT	XNO 167
	ior rate changes. premium level which will result from appl $\mathcal{I}\mathcal{L}-\mathcal{Q}\mathcal{O}\mathcal{S}-\mathcal{O}\mathcal{T}$.	o '	UIND INSUR	ONCE.
		Dole	Name of Company EEN PARKS	GROUP
			BUSINESS SPECINE	ONCE GROUP - DEVELOPMEN UST:

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level		
(1)	(2) Annual Premium	(3) Percent Change (+ o <u>r -)**</u>
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
7. Surety		
8. Boiler and Machinery		
9. Fire		
-		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		+9.4%
15. Other Workers Compensation	14,217,715	+9.4%
1/1/2009 loss costs and rating values with re	evised company loss cost multiplie	ers.
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic	h will result from application of ne	w rates.
	Employ	ers Insurance Company of Wausau
	Empley	Name of Company
•		0
	Bonnie Roeder	State Filings Analyst Official – Title
	IVISION OF INSURANCE	
	STATE OF ILLINOIS/IDEPR	RECEIVED
1	JAN 0 1 2009	DEC - 1 2008
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	SPRINGFIELD, ILLINOIS	DIVIDED (SIPC)
		The state of the s
×		DIVISION OF INSURANCE
		DIVISION OF INSOLVINGE /

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JAN 0 1 2009

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Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

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IDFPR (MPC) DIVISION OF INSUFANCE SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective 01/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
. Automobile Liability		
Private Passenger		
Commercial		
. Autobobile Physical Damage		
Private Passenger Commercial Liability Other Than Auto		
Commercial STATE OF ILLINOIS/IDF	NCE PR	·
Burglary and Theft		
Glass JAN 0 1 2009 Fidelity		
Fidelity Surety		
Boiler and MachinerySPRINGFIELD, ILLING	ois	
Fire		
. Extended Coverage		
, Inland Marine		
. Homeowners		
. Commercial Multi-Peril		
l. Crop Hail	0.774.000	
. Other Workers Compensation	\$1,774,996	+6.0%
Line of Insurance		
		•
oes filing only apply to certain territory (territori	es) or certain classes? If so, specify	: No
rief description of filing. (If filing follows rates o This filing is to adopt the approved NCCI cir	f an advisory organization, specify or culars IL-2008-07 and IL-2008-13 ef	rganization): fective 1/1/2009.
Adjusted to reflect all prior rate changes. Change in Company's premium level which wi	Il result from application of new rates	
	Erie Insuranc	
	Pay Forter M	Company
	Ross C. Fonticella, ACAS, MAA	W.

Ross C. Fonticella, ACAS, MAAA Vice President and Manager

Official - Title

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ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

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DEC 1 5 2008

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Cha	ange in Company's premium or rate level produce	ed by rate revision effective	01/01/09
	:		
	(1)	(2)	(3)
	• •	Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass DIVISION OF INC.		
6.	Fidelity STATE OF ILLINOIS (IDEAN)	E	
7.	Glass Fidelity Surety DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR		
8.	Roller and Machinery		
9.	Fire JAN 0 1 2009		
10.	Extended Coverage		342
11.	, -		
12.			
13.	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	\$10,935,231	+5.2%
	Line of Insurance		
,			
Doe	es filing only apply to certain territory (territories) o	or certain classes? If so, specify:	No
	•		
Brie	of description of filing. (If filing follows rates of an	advisory organization, specify org	janization):
	This filing is to adopt the approved NCCI circula	irs IL-2008-07 and IL-2008-13 effe	ective 1/1/2009.
*A	djusted to reflect all prior rate changes.		
**Ĉ	hange in Company's premium level which will res	sult from application of new rates.	
		- · ·	, , , ,
		Erie Insurance	
		Name of Co	ompany

Ross C. Forticella, ACAS, MAAA Vice President and Manager

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

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DIFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Cha	nge in Company's premium or rate level produc	ed by rate revision effective	01/01/09
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (filinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial Liability Other Than TAULE III		
3.	Liability Other Than TAUTO II		
4.	Burglary and Theft		
5.	Burglary and Theft Glass Fidelity State Triad Add Triad Triad Add Triad Triad Add Triad T		
6.	Fidelity \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
7.	Surety		
8.	Surety Boiler and Machinery Fire Sylvended Coverage Fixended Coverage		
9.	Fire SPRIII		<u> </u>
10.	Extended Coverage	· · · · · · · · · · · · · · · · · · ·	2
11,	Inland Marine		
12.			
13.			
	Crop Hail		
15.	Other Workers Compensation	\$673,480	+6.1%
	Line of Insurance		
Do∈	s filing only apply to certain territory (territories)	or certain classes? If so, specify:	No
Brie	f description of filing. (If filing follows rates of an This filing is to adopt the approved NCCI circula	advisory organization, specify organs IL-2008-07 and IL-2008-13 effect	anization): ctive 1/1/2009.
	ljusted to reflect all prior rate changes. nange in Company's premium level which will res	sult from application of new rates.	

Ross C. Fonticella, ACAS, MAAA

Vice President and Manager

Official - Title

Erie Insurance Company of New York

Name of Company

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IDFPR (MPC) Dividion of Insurance Springfield

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	01/01/09
(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Coverage	Volume (minois)	Change (+ Ur -)
Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger VISION OF INSUF Commercial STATE OF ILLINOIS/III	ANCE -	
3. Liability Other Than Auto	· · · · · · · · · · · · · · · · · · ·	
4. Burglary and Theft5. GlassJAN 0 1 20	09	
5. Glass JAN V 1 20		
6 Fidelity 1	1	
7. Surety	LINOIS	
7. Surety 8. Boiler and MachinerySPRINGFIELD, IL		
9. Fire		
10. Extended Coverage		
11, Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	· · · · · · · · · · · · · · · · · · ·	
14. Crop Hail		
15. Other Workers Compensation	\$25,902	+1.2%
Line of Insurance		
<u> </u>	•	
Does filing only apply to certain territory (terri Brief description of filing. (If filing follows rate This filing is to adopt the approved NCC		ganization):
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new rates.	
	Erie Insurance Pro	perty & Casualty
	Name of C	
	Post Fontialle	- Company
	Ross C. Fonlicella, ACAS, MAA	Α
	Vice President and Manager	•

Official - Title

FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -) *
Automobile Liability		
Private Passenger		
Commercial		·
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		-
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$4,415,000	4.0%
Line of Insurance		
Does filing only apply to certain territory (terricles)	ritories) or certain	
Brief description of filing. (If filing follows rat	es of an advisory	
organization, specify organization):	0	
(1) We are adopting the NCCI approved 1/1/200	9 voluntary loss costs.	
(2) We are revising our premium discount tables	. Please see Exhibit 1.	
This is the NCCI Advisory Type B table.	0000 d 0000 bi-b	
(3) We are revising downward deviations for class	sses 9082 and 9083 which currently	vary by company.
Please see Exhibit 2.		

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JAN 0 1 2009

SPRINGFIELD, ILLINOIS

Farmers Insurance Exchange Name of Company

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation

FORM RF-3

Chan	nge in Company's premium or rate level produced b	y rate revision effective		January 1, 2009
	(1)	(2) Annual Pre	emium	(3) Percent
	Coverage	Volume (III		Change (+ or -)**
1.	Automobile Liability			
	Private Passenger	•		
	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity		 	
7.	Surety	·		
8.	Boiler and Machinery			
9.	Fire		*****	
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners		<u></u>	
13.	Commercial Multi-Peril		1	
14.	Crop Hail			
15.	Workers Compensation	2,887	941	4.6%
16.	•	2,007	,011	4.070
10.	Other			
	Line of Insurance		,	
Does	filing only apply to certain territory (territories) or co	ertain classes? If so, specify	No.	
	, , , , , , , , , , , , , , , , , , ,	,		
		······································		
Brief (description of filing (if filing follows rates of an advis	ory organization, specify orga		of NCCI approved
Worl	kers Compensation loss costs and rating	values per NCCI Circula	r IL-2008-13. The filin	g also increases the
loss	cost multiplier from 0.905 to 0.925. The f	ling maintains the currer	nt approved deviation	of -40.0%.
*	Adjusted to reflect all prior rate changes			
**	Changes in Company's premium level which will	result from application of new	rates.	
	-			
			Farmington Casual	hy Company
			Name of Company	
			Name of Company	
	V. COM OF MICH TO MAKE			2nd Vice President
	STATE OF ILLINOIS/IDEAD		Official - Title	
	STATE OF ILLINOIS/IDFPR			
	JAN 0 1 2009		•	•
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	SPRINGFIELD, ILLINOIS			
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ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

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Change in Company's premium or rate level produced by rate revision effective

01/01/2009 (1) (3) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto 3. 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety **Boiler and Machinery** 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation 36,662,439 1.9% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Applies to all territories and classes. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the 1/1/09 loss costs published by NCCI (NCCI Circular # IL - 2008 - 07) *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.

Federal Insurance Company

Name of Company

Assistant Vice President

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR FILED

IAN 0 1 2009

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>		
1.	Automobile Liability Private				
	Passenger Commercial				
2.	Automobile Physical Damage				
	Private Passenger Commercial				
3.	Liability Other Than Auto				
4.	Burglary and Theft				
5.	Glass				
6. -	Fidelity				
7.	Surety				
8.	Boiler and Machinery				
9.	Fire				
	Extended Coverage				
	Inland Marine Homeowners				
	Commercial Multi-Peril				
	Crop Hail				
	Other Workers Compensation	777,682	6.8%		
13.	Line of Insurance	777,002			
	Line of insurance				
Doe	es filing only apply to certain territory (t	erritories) or certain classes? If so, specify:			
	of description of filing. (If filing follows relation of NCCI advisory loss costs and rating value	ates of an advisory organization, specify org es effective January 1, 2009	anization):		
	justed to reflect all prior rate changes. hange in Company's premium level wh	nich will result from application of new rates.			
	Fidelity and Deposit Company of Maryland				
		Name of Company Denise Goode, Secretary			
	••		Official – Title		

CHATE OF ILLINOIS/IDFPR

JAN 0 1 2009

CONTROPIELD, ILLINOIS



JAN 0 1 2009

SPRINGFIELD, ILLINOIS

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision



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IDFPR (MPC) DIVISION OF INSURANCE SPRINGEFELD

(1)		(2)	(3)	
		nual Premium	Percent	
Coverage	- Vol	ume (Illinois) *	_ Change (+or-) **	
Automobile Liability Private				
Passenger				
Commercial				
Automobile Physical Damag				
Private Passenger				
Commercial				
Liability Other Than Auto				
Burglary and Theft				
Glass				
Fidelity				
Surety				
Boiler and Machinery				
Fire				
Extended Coverage				
Inland Marine				
Homeowners				
Commercial Multi-Peril				
Crop Hail				
Other Workers' Compensation	\$721,84	1	+2.8%	
Life of Insurance				
Does filing only apply to certa Classes? If so, specify: No	ain territ	ory (territories) or	r certain	
Brief description of filing. (If filing follows rates of an advisory				
Organization, specify				
organization):	Fi	ing to adopt NCCI's Ap	proved Loss Costs and Rating Value	
per Circulars IL-2008-07 and IL-2008-13		<u></u>		
-				
*Adjusted to reflect all prior ra	ate char	iges.		
**Change in Company's premium level which will result from application of new				
rates.				
		Fireman's Fund In	surance Company	
JUN OF INSURA	NCE		me of Company	
STATE OF ILLINOIS/IDF	rn		ent - Chief Compliance Officer	
مست سنا لا سنا			Official Title	

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

		1.4 C T 1	F INSURA	ANCE FPR 2/1/2009	
Change in Company's premium or rate le	evel produced by rate	revision effective	1310)	2/1/2009	
(1)	(2) Annual Pro	emium FEO	0 1 2009	Fercent	
Coverage	<u>Volume (III</u>		ELD, ILLI	Change (+ o	<u>r -)**</u>
Automobile Liability Private Passenger Commercial		L			
2. Automobile Physical Damage Private Passenger Commercial			_		
3. Liability Other Than Auto					
4. Burglary and Theft					
5. Glass			- —		
6. Fidelity					
7. Surety					
8. Boiler and Machinery					
9. Fire10. Extended Coverage					
11. Inland Marine					
12. Homeowners					
13. Commercial Multi-Peril					
14. Crop Hail			_	140.00	
15. Other Workers Compensation Line of Insurance	5,650	.702		+16.8%	<u>o</u>
Brief description of filing. (If filing follow 1/1/2009 loss costs and rating values with the state of the st	ws rates of an advisor ith revised company lo	ry organization, s ss cost multiplier	specify org	ganization): <u>Filing t</u>	o adopt NCCI
*Adjusted to reflect all prior rate changes **Change in Company's premium level v	s. which will result from a	pplication of new	/ rates.		
	-	The Fi		Insurance Corpora e of Company	tion
OF I	NSURANCE NOIS/IDFPR	Bonnie Roeder	S	State Filings Analyst	
OF ILLI	NOISIE				
	-000				•
F	t source			RECEIV	ED
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				IDFPA (MP DIVISION OF INSU SPRINGFIELD	C) PANCE

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

RECEIVED

DEC 1 5 2008

IDFPR (MPC) Divibion of Insurance Springfield

Cha	nge in Company's premium or rate level produced	d by rate revision effective	01/01/09
	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Commercial Liability Other Than Auto Burglary and Theft UIVISION OF INSURANCE BURGLARY OF ILL NOISIDEPE		
5.	Glass		
6.	Fidelity		
7.	Fidelity Surety Boiler and Machinery JAN 0 1 2009		
8.	Boiler and Machinery		
9.	Fire Extended Coverage Inland Marine SPRINGFIELD, ILLIN	1012	
10.	Extended Coverage SPRINGFIELD, ISSUE		
11,	Inland Marine		
12.	Homeowners		· · ·
13.			
14.	- · - r		
15.	Other Workers Compensation	\$712,261	+4.8%
	Line of Insurance		
_	and the second s	nandaha danasa Outra a sasaria.	
Doe	s filing only apply to certain territory (territories) or	r certain classes? If so, specify:	No
			·-
Dric	f description of filing. (If filing follows rates of an a	advisory organization, specify orga	enization):
DHE	This filing is to adopt the approved NCCI circular	s II -2008-07 and II -2008-13 effec	tive 1/1/2009
	This hing is to adopt the approved received an	o ie 2000 or and ie 2000 to effect	31VC 17 172003.
* A r	justed to reflect all prior rate changes.		
ان**	nange in Company's premium level which will resu	alt from application of new rates	* · · · · · · · · · · · · · · · · · · ·
0	lange in company o promise is a mile in the		

Ross C. Fonticella, ACAS, MAAA Vice President and Manager

Official - Title

Eric Insurerrice Flagship City Ins.

Name of Company

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2009

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
	Other Workers Compensation	2,885,000	24.6%
	Line of Insurance		
Doe	es filing only apply to certain territory (territories) or certain classes? If so, specify:	No
	is ming only upply to a second of		
		rates of an advisory organization, specify org	anization):
Ado	otion of NCCI 1-1-2009 loss costs		
*Ad **CI	justed to reflect all prior rate changes hange in Company's premium level w	hich will result from application of new rates.	
		Great Divide Insurance Compan	N.
			ne of Company
		Michelle Freitag, Consulting Act	uary
			Official – Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	April 1, 2009
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery 9. Fire		
9. File 10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	1,114	3.5%
Line of Insurance		
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specify:	No
Brief description of filing. (If filing follows ra Council on Compensation Insurance (NCCI)	ates of an advisory organization, specify advisory rates as contained in IL-2008-1	organization): <u>Adoption of National</u> 3
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which	n will result from application of new rates.	
	Greater New Yor	k Mutual Insurance Company
		lame of Company
		Denise Murray
		Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

APR 0 1 2009

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

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IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Ch	ange in Company's premium or rate lev	rel produced by rate revision effective	01/01/2009
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		· · · · · · · · · · · · · · · · · · ·
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		-
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail	•	
	Other Workers' Compensation	895,024	.001
	Line of Insurance	300,021	
	es filing only apply to certain territory (te lies to all territories and classes.	erritories) or certain classes? If so, specify:	:
	ef description of filing. (If filing follows raption of the 1/1/09 loss costs published by NCCI	ntes of an advisory organization, specify org	anization):
Ado	puon of the 1/1/09 loss costs published by NCC1	(NCC) Circular # 1E - 2006 - 07)	
	ljusted to reflect all prior rate changes. hange in Company's premium level whi	ch will result from application of new rates.	
		Great Northern Insurance Co	Name of Company
		Assistant Vice President	Official Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2009

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET FORM RF-3

Change in Company's premium or rate level produced by rate	revision effective	January 1, 2009
(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Coverage	Volume (minora)	onango (* o.)
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		•
Private Passenger		
Commercial		
Liability Other than Auto		
4. Burglary and Theft		
5. Glass	<u> </u>	
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage		
9. Fire 10. Extended Coverage 11. Inland Marine SPA		
11. Inland Marine SPRINGFIELD, ILLINOIS 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	5,456,385	+5.7%
16. Other		
Line of Insurance		
		•
Does filing only apply to certain territory (territories) or certain	classes? If so specify	
Does filling only apply to certain territory (territories) or certain	Classes: If so, specify	
Brief description of filing (if filing follows rates of an advisory of	prognization, specify organiz	ration) Filing to maintain
currently approved deviation of 1.050 to be used effective January		
approved in NCCI Circular IL-2008-13. Also, filing a change in		
Determination for Partner and Sole Proprietors, and revising o	ur Basic Manual Exception	page.
* Adjusted to reflect all prior rate changes.		
** change in Company's premium level which will result fro	m application of new rates.	
<u> </u>		
	Great West Casu	
	Name of C	Company
V.	Janice L. Hohenstein	
	Official	- Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate le	vel produced by rate	e revision effective		1/1/2009
	(1) <u>Coverage</u>	Annual	2) Premium (Illinois)*	<u>0</u>	(3) Percent Change (+ or -)**
11. 12. 13.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril				
	Crop Hail Other 16.0 Workers' Compensation		93,328		0.4%
Brid We	es filing only apply to certain territory (ef description of filing. (If filing follows are adopting IL-2008-13, without changes to con	rates of an advisory	organization, specif		
**C	djusted to reflect all prior rate changes. Change in Company's premium level w	hich will result from	application of new re	ates.	
			GuideOne Elite Insurance		
				Name of Comp	any
			Scott Reddig, Chief Act		
	JAN	INSURANCE LINOIS/IDEPR 1 2009 LD, ILLINOIS		Official – Titk	,
			4		

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate lev	el produced by rate revision effective	1/1/2009
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
2	Private Passenger Commercial		
3. 4.	Liability Other Than Auto Burglary and Theft		
4 . 5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		0.504
15.	Other 16.0 Workers' Compensation	1,294,157	0.5%
	Line of Insurance		
Do	es filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	NO
D-i	of description of filing (If filing follows r	ates of an advisory organization, specify organ	ization).
	are adopting IL-2008-13, without changes to com		
vve	are adopting it-2006-13, without changes to con-	pany loss cost muliplier.	
*Ac	ljusted to reflect all prior rate changes. hange in Company's premium level wl	nich will result from application of new rates.	
		GuideOne Mutual Insurance Com	pany
			e of Company
•		Scott Reddig, Chief Actuary & SV	P .
			icial – Title

STATE OF ILLINOIS/IDFPR

JAN 0 1 2009

springfield, illinois

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2009

Form (RF-3)

SUMMARY SHEET

SPRINGFIELD. ILLINOIS

	Change in	Company's premium-or-ra	ate-level-produced by rate revision effective	01-01-2009
		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automo	obile Liability		
		e Passenger		
	Comn			
2.	Autom	obile Physical Damage		
		e Passenger		
	Comn	nercial		
3.	Liabilit	y Other Than Auto		
4.	Burgla	y and Theft		
5.	Glass	•		
6.	Fidelity	1		
7.	Surety			
8.	Boiler a	and Machinery		
9.	Fire			
10.	Extend	ed Coverage		
11.	Inland	Marine		
12.	Homeo	wners		
13.		ercial Multi-Peril		
14.	Crop H	ail	<u> </u>	
15.	Other	Workers	\$163,165	-8.5%
		Compensation		
		Line of Insurance		
Does	filing only	apply to certain territory ((territories) or certain classes? If so, specify:	
No,	all class	es		
Brief	description	n of filing. (If filing follow	ws rates of an advisory organization, specify of	organization):
The	purpose	of this filing is to add	opt the NCCI Loss costs contained in a	approval Circular IL-2008-
			cst muliplier will change from 2.43 to	
			used on Harco's premium distribution.	
		reflect all prior rate chang		
** C	hange in (Company's premium level		
re	esult from	application of new rates.		

Harco National Insurance Company

Name of Company

Al Birch, Sr. Vice President Official - Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009.

	(1) <u>Coverage</u>	2007 (2) GPW Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private		
	Passenger	-	
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		· .
5.	Glass		
6.	Fidelity	-	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	2,228,651	-9.88%
	Line of Insurance		Civio
	Does filing only apply to certain territory (territories specify: No certain territory. No certain class.) or certain classes? If so,	STATE OF ILLINOIS/IDFPR
	Brief description of filing. (If filing follows rates of specify organization):	an advisory organization,	JAN 0 1 2009
	We are adopting National Council on O Advisory Rates and Miscellaneous Val	Compensation Insurance (NC lues. We are applying -10% in the second seco	CI) 01/01/2009 Illinois/ELD, ILLINOIS
	*A directed to reflect all prior rate changes		

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates. Premium change reflects adoption of 01/01/2009 advisory rates and application of the above rate deviation.

Illinois Casualty Company

Name of Company

Official-- little

Anne Thomas, Program Manager

nov 10, 2008

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective <u>08/01/2009</u>.

Annual Premium	Percent
	~ . (.)**
Volume (Illinois)*	Change (+ or –)**
-100	
	- 11
110,330,646	<u>+2.7%</u>
i out it his	
classes? If so, specify <u>No</u>	
	A
organization, specify organizat	tion) See cover letter;
	,

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

INDEMNITY INSURANCE COMPANY of N. AMERICA Name of Company

Steve Kreider – WC Associate Product Manager

ON INSURANCE
STATE OF ILLINOIS/IDFPR

AUG 0 1 2009

SPRINGFIELD, ILLINOIS

Michael L. Wiseman, Treasurer

Official - Title

H29219D

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



JAN 0 1 2009

(3) Percent Change (+or-) **
Change (+or-) **
+3.5%
or certain
n advisory
luntary Advisory Rates, Rating Values and
uritary Advisory Nates, Nating Values and
sult from application of new
pany of the West
Name of Company Sr. Filing Analyst
Or I mily Analyst

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate level	produced by rate revision effective	2/1/2009
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage		
^ m '' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
o =:		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	· · · · · · · · · · · · · · · · · · ·	
13. Commerciai Multi-Perii		
14. Crop Hail	135,710,514	-4.9%
15. Other Workers Compensation	100,710,014	
Brief description of filing. (If filing follows ra	ates of an advisory organization, spe	cify organization): Filing to adopt NCC
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which		tes. ty Insurance Corporation
	Liber	Name of Company
	Bonnie Roeder	State Filings Analyst Official – Title
	U.S. OF INSURANCE U.ATE OF ILLINOIS/IDEPR	RECEIVED
	FEB 0 1 2009	DEC - 1 2008
:	CADINICAIELD, ILLINOIS	IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

., Form:(RF-3)

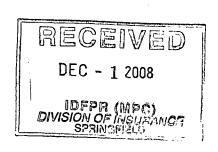
ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate le				
(1)	(2 Annual F	Premium	(3) Percent	
<u>Coverage</u>	<u>Volume</u> ((Illinois)*	Change (+ or	<u>-)**</u>
Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial			=	
 Liability Other Than Auto Burglary and Theft Glass 				
5. Glass 6. Fidelity 7. Surety				
B. Boiler and Machinery D. Fire				
10. Extended Coverage11. Inland Marine12. Homeowners			-	
13. Commercial Multi-Peril 14. Crop Hail				
15. Other Workers Compensation Line of Insurance	7,06	37,301	+46.0%	
Does filing only apply to certain territory (Brief description of filing. (If filing follow 1/1/2009 loss costs and rating values with	s rates of an advis	ory organization, s	specify organization): Filing to	adopt NCCI
'Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from	application of new	rates.	
· · · · · · · · · · · · · · · · · · ·		Liber	rty Mutual Insurance Company Name of Company	
	and the later of the second	Bonnie Roeder	State Filings Analyst Official – Title	
FE9 (INSUHANCE LINOIS/IDEPR ED 0 1 2009		RECEIVED DEC - 1 2008	
CPRINGFI	ELD, ILLINOIS		DFPR (DPM) EDWALLD ON STAND DIVIDING ON STAND	

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate level produced by rate revision effective		2/1/2009	
(1) Coverage	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**	
Automobile Liability Private			
Passenger Commercial			
 Automobile Physical Damage Private Passenger Commercial 			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers Compensation	53,417,444	+7.1%	
Line of Insurance			
Brief description of filing. (If filing follows	territories) or certain classes? If so, specify: s rates of an advisory organization, specify n revised company loss cost multipliers.		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level w	hich will result from application of new rates	al Fire Insurance Company	
	<u> </u>	lame of Company	
	Bonnie Roeder	State Filings Analyst	
		Official - Title	





ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate level	produced by rate revision effective	2/1/2009
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire	10,035,405	-22.7%
Does filing only apply to certain territory (territory) Brief description of filing. (If filing follows rationally)	ates of an advisory organization, speci	· · · · · · · · · · · · · · · · · · ·
*Adjusted to reflect all prior rate changes.**Change in Company's premium level which the company is a company of the company of the company is premium level which the	h will result from application of new rate	s. <u>nsurance Corporation</u> Name of Company <u>State Filings Analyst</u> Official – Title
COTING FIELD, ILL		DEC - 1 2008 DEC - 1 2008 DIVISION OF INSUFANCE SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective __January 1, 2009.

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IDFPR (MPC) Division of Insurance Springfield

(1)	(2)	_ (3)
Coverage		
Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machiner 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners SPRINGFIELD.		Percent Change (+ or –)**
12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail15. Workers Compensation16. Other	\$528,276	3.1%
Line of Insurance		
Does filing only apply to certain territory (territories)	or certain classes? If so, specify	
Brief description of filing (if filing follows rates of an	advisory organization, specify organiza	ation)
Adoption of NCCI's Advisory Loss Costs, Miscellane	ous Values and Retrospective Rating Pla	an Manual State Special Rating Values

Adjusted to reflect all prior rate changes.

<u>Lumbermen's Underwritng Alliance</u> Name of Company

<u>Donna Bauman – P&C Filing Analyst</u> Official — Title

^{**} Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass	-	
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	2,989,895	18.7%
	Line of Insurance		-
		territories) or certain classes? If so, specify:	ization):
	otion of NCCI advisory loss costs and rating value		,
	justed to reflect all prior rate changes. hange in Company's premium level w	nich will result from application of new rates.	
	·	Maryland Casualty Insurance Co	mpany
			e of Company
		Denise Goode, Secretary	
		Off	icial – Title





(1)		January 1, 2009 (2)	(3)
()		Annual Premium	Percent
Coverage	<u>e</u>	Volume (Illinois) *	Change (+ or -) *
Automob	ile Liability		
Private	Passenger		
Comme	rcial		
Automob	ile Physical Damage		
Private	Passenger		
Comme	rcial		
Liability	Other Than Auto		
Burglary	and Theft		
Glass			
Fidelity			
Surety			
Boiler ar	nd Machinery		
Fire			
Extended	d Coverage		
Inland M	larine		
Homeow			
	cial Multi-Peril		
Crop Ha			
Other	Workers Compensation	\$2,782,000	4.6%
	Line of Insurance		_
	nly apply to certain territory (terri	itories) or certain	
classes? If	so, specify: No		
Brief descript	ion of filing. (If filing follows rate	es of an advisory	
	specify organization):	or an advisory	
	opting the NCCI approved 1/1/2009) voluntary loss costs	-
	vising our premium discount tables.		
	NCCI Advisory Type B table.		
This is the			
		ses 9082 and 9083 which currently	vary by company.

- Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

,

Mid-Century Insurance Company
Name of Company

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JAN 0 1 2009

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or –)**
Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial		
3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity		
7. Surety	DF INSURANCE	
	ILLINOIS/IDFPR	
10. Extended Coverage		
	0 1 2009	
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	ELD, ILLINOIS \$225,082	-6.2%
15. Workers Compensation	\$225,082	-0.2%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (terr	s) or certain classes? If so, specify	
Applicable to all territories and classifications		
Brief description of filing (if filing follows rates	n advisory organization, specify organi	zation) This filing is to adopt the NCCI
Loss Costs referenced in approval circular IL-2008	nd to change the pricing of Midwest Emplo	yers Casualty Company from advisory rating
to the use of a loss cost multiplier of 1.41 as part of	company's new pricing structure. Please se	ee the filing memorandum for details.
Company is filing its schedule rating plan.	<u> </u>	
* Adjusted to reflect all prior rate changes ** Change in Company's premium level when the change in Company's premium level when the change is the change in Company in Company is the change in Company in Company is the change in C		
		wells Orman and
	Midwest Employers Cas	suarty Company

Stacye E. Adams – Sr. Compliance & Regulatory Specialist
Official — Title

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IDFPR (MPC) Division of Insurance Springfield

Form (RF-3)

SUMMARY SHEET

		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automo	bile Liability		
	Private	e Passenger		
	Comm	ercial		
2.	Automo	bile Physical Damage		
	Private	e Passenger		
	Comm	ercial		
3.	Liabilit	y Other Than Auto		
4.	Burglar	y and Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler a	and Machinery		
9.	Fire			
10.		ed Coverage	<u> </u>	
11.	Inland l			
12.	Homeo			
13.		ercial Multi-Peril		
14.	Crop H			
15.	Other	Workers'	3,439,022	7.6%
		Compensation		
		Line of Insurance		

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

STATE OF ILLINOIS/IDEPR

SPETTERED L'LIMOIS

Mitsui Sumitomo Insurance Company of America

Name of Company

Scott M. Herbert, Sr. Gov't. Affairs Analyst

Official - Title

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IDFPR (MPC) DIVISION OF INSURANCE SPRINGER D

Form (RF-3)

(Change in Company's premium or rate	e level produced by rate revision effect	tive 01/01/09
-	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
3. 4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
7. 8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers'	1,252,789	4.5%
	Compensation	1,202,109	
	Line of Insurance		
Does t	filing only apply to certain territory (to	erritories) or certain classes? If so, spe	ecify:
Ado	option of the National Council of	s rates of an advisory organization, spon Compensation Insurance, Incating Values effective January	.'s ("NCCI") Illinois Voluntary
			STATE OF ILLING SHOPPR
* A	djusted to reflect all prior rate change	9	FILE
** C	change in Company's premium level we sult from application of new rates.		JAN 0 1 2009
			SPRINGFIELD, ILLINOIS
]	Mitsui Sumitomo Insurance
		1	USA Inc.
		_	Name of Company
			Scott M. Herbert, Sr. Gov't.
			Affairs Analyst
			Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective: 1/1/2009 ***CORRECTION*** AMENDED EFFECTIVE DATE OF 3/1/2009

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12 .	Homeowners		
13 .	Commercial Multi-Peril		
14 .	Crop Hail		
15.	Workers Compensation	16,145,411	5.1%
16 .	Other:		

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

We are adopting the 1/1/2009 NCCI IL voluntary rates with an effective date of

1/1/2009 ***CORRECTION*** AMENDED EFFECTIVE DATE OF 3/1/2009

- * In-force Written Premium
- ** Change in Company's premium level which will result from application of new rates.

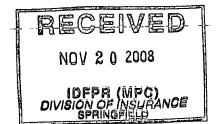
National Fire Insurance Company of Hartford
Name of Company

Sean Ramlal - Actuarial Analyst
Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAR 0 1 2009

SPR!NGFIELD, ILLINOIS



Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

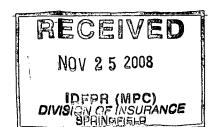
	Company's premium or rate level produced by rate revi	ision effective:	1/1/09
	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) *
	Coverage	(2.2)	
1.	Automobile Liability Private Passenger Commercial		
2 .	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other than Auto		
1.	Burglary and Theft		
5.	Glass		
	Fidelity Surety Boiler and Machinery SINT OF INSURANCE Fire Extended Coverage Inland Marine	<u> </u>	
	Surety Sur OF INSUMPER	\	
	Boiler and Machinery OF ILLINGIA		
	Fire SIA COLLEGE		
	Extended Coverage Inland Marine Homeowners JAN 0 1 2009	\	
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril Crop Hail Workers Compensation PRINGFIELD, ILLINOIS Other:		
	Crop Hail		
	Workers Compensation3	16,145,411	5.1%
٠	Other:		
filin	g only apply to certain territory (territories) or certain cl	lasses? If so, specify.	Not Applicable
desc	cription of filing (if filing follows rates of an advisory or are adopting the 1/1/2009 NCCI IL voluntary rates with 1/2009	ganization, specify organization). h an effective date of	
1/1/ In-f	force Written Premium ange in Company's premium level which will result from	n application of new rates.	
1/1/ In-f		National Fire Insuranc	e Company of Hartford
1/1/ In-f		National Fire Insuranc	e Company of Hartford Company
1/1/ In-f		National Fire Insuranc Name of	

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision



effective January 1, 2009 (1)(2)(3)**Annual Premium** Percent Coverage Volume (Illinois) * Change (+or-) ** 1. Automobile Liability Private Passenger Commercial 2 Automobile Physical Damag Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners OF INSURANCE 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation \$2,961,064 +5.6% JAN 0 1 2009 Life of Insurance Does filing only apply to certain territory (territories) or certain CPRINGFIELD, ILLINOIS Classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Filing to adopt NCCI's Approved Loss Costs and Rating Values per Circulars IL-2008-07 and IL-2008-13 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. **National Surety Corporation** Name of Company Senior Vice President - Chief Compliance Officer

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Chan	ge in Company's premium or rate level produced by rate revision	on effective	J	anuary 1, 2009
	(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		_	
2.	Automobile Physical Damage Private Passenger Commercial		- 	
3.	Liability Other Than Auto		<u>.</u>	
4. 5.	Burglary and Theft Glass		 	
6. 7.	Fidelity Surety		-	
8.	Boiler and Machinery		-	
9. 10.	Fire Extended Coverage			
11.	Inland Marine		_	
12. 13.	Homeowners Commercial Multi-Peril			ear to the control of
14.	Crop Hail			
15.	Workers Compensation	377,925		4.9%
16.	Other Line of Insurance		_	
Does	filing only apply to certain territory (territories) or certain classes	s? If so, specify	No.	
Brief o	description of filling (if filling follows rates of an advisory organizaters Compensation loss costs and rating values pe	ation, specify organization) r NCCI Circular IL-2008-	Adoption of l	NCCI approved
	cost multiplier from 1.509 to 1.543.			
**	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from a	pplication of new rates.		
		NIPPON	KOA Insurance	Company
		Nam	e of Company	
	STATE OF INSURA			2nd Vice President
	SPRINGFIELD, ILLINOIS		fficial - Title	Printing 08/95

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail	0.450.000	1.1%
15.	Other Workers Compensation	3,152,268	1.176
	Line of Insurance		
Brie		erritories) or certain classes? If so, specify: ates of an advisory organization, specify orges effective January 1, 2009	ganization):
Ado	billion of record devices y loop cooks and raining value	, ,	-
*Ad	ljusted to reflect all prior rate changes. hange in Company's premium level wh	nich will result from application of new rates.	
		Northern Insurance Company	of New York
		N:	ame of Company
		Denise Goode, Secretary	
			Official – Title



JAN 0 1 2009

CPT.WEFIELD, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

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IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective 1/1/2009 (NCCI Loss Cost Revision)

-	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change.(+or-) **
1.	Automobile Liability Private		
	Passenger		
_	Commercial		
2	Automobile Physical Damag		•
	Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$813,001	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR certain
	Life of Insurance		STATE OF ILLINGURANCE
•	Does filing only apply to certain Classes? If so,		LE DIPPA
	Does filing only apply to certain	in territory (territorie¦s) oi	certain
	Classes? If so,		2009
	specify: Not Appl		
-			PRINGFIELD, ILLINOIS
	Brief description of filing. (If fi	ling follows rates of an a	advisory
	Organization, specify		
	organization):		cept NCCI's loss cost revision effective
	1/1/2009 as filed and approved in Circula	r IL-2008-13. There are no othe	r revisions.
	*Adjusted to reflect all prior ra	te changes.	
	**Change in Company's prem	ium level which will resu	ilt from application of new
	rates.		
		Nova Casualty Co	
			me of Company
			Sr. Compliance Analyst
			Official – Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2009.

(1)	(2)	(3)
Coverage	Annual Premium	Percent Change (+ or –)**
4. A. A Lite Findita.	Volume (Illinois)*	Change (+ or -)
1. Automobile Liability		
Private Passenger	AV ST. II	· · · · · · · · · · · · · · · · · · ·
Commercial		
Automobile Physical Damage		
Private Passenger		41.5
Commercial		
3. Liability Other than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity	-	
7. Surety	Augusta de la companya de la company	
Boiler and Machinery		
9. Fire	****	
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	12,976,874	+2.7%
16. Other		
Line of Insurance		
	data alaana Olfaa aaaaifa Na	
Does filing only apply to certain territory (territories)	or certain classes? If so, specify <u>No</u>	
Brief description of filing (if filing follows rates of an	advisory organization, specify organizat	tion) Adopt 1/1/09 Advisory Rates
 * Adjusted to reflect all prior rate changes. 		

Change in Company's premium level which will result from application of new rates.

PACIFIC EMPLOYERS INSURANCE COMPANY Name of Company

Steve Kreider - WC Associate Product Manager Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2009

SPRINGFIELD, ILLINOIS

rates.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



FEB 0 1 2009

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		***************************************
Other Workers Compensation	\$44,849,128	+5.8%
Life of Insurance		
Does filing only apply to certa	nin territory (territories) o	r certain
Classes? If so,		
specify: No		
Brief description of filing. (If f	iling follows rates of an a	advisory
Organization, specify	•	
organization):	Adopt NCCI Rate Revision	on

PEKIN INSURANCE COMPANY

Name of Company

R.M. MCGANN - Director of Pricing & Regulatory Filings, Assistant Secretary

Official - Title

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Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Ch	ange in Company's premium or rate lev	el produced by rate revision effective	01/01/2009
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	6,426,009	1.7%
	Line of Insurance		
	es filing only apply to certain territory (te lies to all territories and classes.	rritories) or certain classes? If so, specify:	
	ef description of filing. (If filing follows ra ption of the 1/1/09 loss costs published by NCCI (tes of an advisory organization, specify orga NCCI Circular # IL - 2008 - 07)	nization):
	ljusted to reflect all prior rate changes. hange in Company's premium level whi	ch will result from application of new rates.	,
		Pacific Indemnity Company	
		Na	ame of Company
		Assistant Vice President	Official Title A A

UIVISION OF INSURANCE STATE OF ILL NOIS/IDEPR

JAN 0 1 2009

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

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DEC 1 1 2008

Change in Company'	s premium or rate l	evel produced by	rate revision effective
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March 1, 2009 New May 1, 2009 Renewal

	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		4-1,
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$863,468	+4.5%
	Line of Insurance		
Does f	iling only apply to certain territory (territone filing applies to all territories and	ries) or certain classes? If so, specify: classes.	
Adop	description of filing. (If filing follows rates tion of January 1, 2009 NCCI loss co to 1.73. This includes a 15% modifie	osts with a change in our current	organization): loss cost multiplier of
* A ** C	djusted to reflect all prior rate changes hange in Company's premium level which sult from application of new rates.	MAR 0 1 2009	

SPRINGFIELD, ILLINOIS Millers Insurance Company

Stephanie Smith - Business Analyst II
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Cha	ange in Company's premium or rate le	evel produced by rate revision effective	2-1-2009
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ o <u>r -</u>)**
	Coverage	volume (minois)	Change 1. Of 4
1,	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		-
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
13.	Commercial Multi-Peril		
	Crop Hail		
	Other Workers' Compensation	2,094,328	16.7%
	Line of Insurance		•
sep	es filing only apply to certain territory parate loss cost multiplier of 1.427 are ached memorandum and exhibits for o	(territories) or certain classes? If so, spec and all other classes will have a loss cost m documentation of this change.	ify: <u>Class Code 8045 will now have a</u> nultiplier of 1.644. Please refer to the
	ef description of filing. (If filing follows st Revisions - announced in Circular I	rates of an advisory organization, specify L-2008-13.	
	djusted to reflect all prior rate changes hange in Company's premium level v	s. hich will result from application of new rates	s .
		Pharmacists	Mutual Insurance Company
			Name of Company
		Main touch	enthal Data Filing Analyst
		Kris Laube	enthal - Rate Filing Analyst Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

FEB 0 1 2009

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Chan	ge in Company's premium or rate level produced by rate	revision effective	January 1, 2009
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		, , , , , , , , , , , , , , , , , , ,
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	4,136,138	6.9%
16.	Other		
	Line of Insurance		
Does	filing only apply to certain territory (territories) or certain	classes? If so, specify	No.
Brief	description of filing (if filing follows rates of an advisory o	rganization, specify organization)	Adoption of NCCI approved
Worl	kers Compensation loss costs and rating valu	es per NCCI Circular IL-2008	-13. The filing also increases the
loss	cost multiplier from 2.264 to 2.315. The filing	maintains the current approve	ed deviation of +50.0%.
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result	from application of new rates.	
		Phoer	nix Insurance Company
			me of Company
	L.VISION OF INSURANCE STATE OF ILLINOIS/IDEPR		2nd Vice President Official - Title
	FILED		yiilda - Tiuc
	j JAN 0 1 2009	WC-IL-7	Printing 08/95
		TTD-IL-I	i inting ours
	SPRINGFIELD, ILLINOIS	1	

SUMMARY SHEET

(Change in	Company's premium or rate	level produced by rate revision effective	January 1, 2009
		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.		obile Liability e Passenger		
	Comn	nercial		
2.	Privat	obile Physical Damage e Passenger		
		nercial		
3.		y Other Than Auto		
4.	_	ry and Theft		
5.	Glass			
6.	Fidelity	'		
7.	Surety			
8.		and Machinery		
9.	Fire			
10.		ed Coverage		
11.	Inland			
12.	Homeo			
13.		ercial Multi-Peril		
14.	Crop H			-0.504
15.	Other	Workers Compensation	\$586,352	+3.5%
		Line of Insurance		
Does f	iling only		rritories) or certain classes? If so, specify:	
Brief o	lescription ot NCCI A	n of filing. (If filing follows Advisory Rates and Rating Va	rates of an advisory organization, specify of alues referenced in Circular #IL-2008-13.	organization):

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR

JAN 0 1 2009

SPRINGFIELD, ILLINOIS

Preferred Professional Insurance Company

Name of Company

Denise A. Hill, VP, Corporate Compliance Officer
Official - Title

H29219D

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IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective $\underline{\mathtt{January}}\ 1$, 2009

(1) Coverage	(2) Annual Premium	(3) Percent
Automobile Liability Private Passenger	Volume (Illinois)*	Change (+ or –)**
Commercial 2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other than Auto		
Burglary and Theft Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery 9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation 16. Other	\$5,357	3.5%
Line of Insurance		
Does filing only apply to certain territory (territories) or certain class	sses? If so, specify NA	
Brief description of filing (if filing follows rates of an advisory organ Company is a member of NCCI. We wish	· · · · · · · · · · · · · · · · · · ·	
referenced in NCCI Circular IL-2008-	13.	

Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

	STATE OF INSURANCE
į	JAN 0 1 2009
	CPP://GFIELD, ILLINOIS

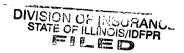
Protective Insurance Company
Name of Company

Jeremy Jaynes - Compliance Analyst
Official — Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



JAN 0 1 2009

	Change in Company's premiur effective JANUARY 1, 2009	n or rate level produced	by rate revision SPRINGFIELD, ILLINOIS
-	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2			
2	Automobile Physical Damag Private Passenger Commercial		•
3.	Liability Other Than Auto		
4 .	Burglary and Theft		
5.	Glass		
6.	Fidelity		· · · · · · · · · · · · · · · · · · ·
7.	•		
7. 8.	Surety Reiler and Machinen		
	Boiler and Machinery		
9. 10	Fire		
10. 11.	Extended Coverage		
	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other WORKERS COMPENSATION Life of Insurance	\$691,941	+3.5%
•	Does filing only apply to certain Classes? If so,	n territory (territories) or	certain
	specify:	NO	· · · · · · · · · · · · · · · · · · ·
	Brief description of filing. (If fil Organization, specify	ing follows rates of an ac	dvisory
	organization):	ADOPTING LOSS COST AND RA	ATING VALUES EFFECTIVE JANUARY 1, 2009
	AS PER NCCI APPROVAL CIRCULAR IL-200	08-13 AND NCCI CIRCULARS IL-200	8-07 AND IL-2008-09. WE WILL NOT BE
	AMENDING OUR CURRENTLY APRROVED	LOSS COST MULTIPLIER OF 1.375	AND EXPENSE CONSTANT OF \$280.00.
	*Adjusted to reflect all prior rat **Change in Company's premi		t from application of new
	rates.	PUBLIC SERVICE N	MUTUAL INSURANCE COMPANY
			ne of Company
			ORKERS COMPENSATION ANALYST
			Official – Title

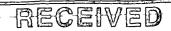
Section 754.EXHIBIT A Summary Sheet (Form RF-3)

JAN 0 1 2009

SPRINGFIELD, ILLINOIS

FORM (RF-3)

SUMMARY SHEET



NOV 2 6 2008

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		4
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	350,000	+3.5 increase
Life of Insurance		
Does filing only apply to certa	in territory (territories) or	certain
Classes? If so, specify: No		
specify: No		
Brief description of filing. (If fi	iling follows rates of an a	advisory
Organization, specify	•	-
organization):	Adoption of NCCI Vol	untary Market Advisory Rates,
Loss Costs, and Rating Values effe	ective January 1, 2009	
	·	
*Adjusted to reflect all prior ra **Change in Company's prem rates.		ılt from application of new
rates.		
	Reinsurance Co	ompany of America Inc
DIVISION OF INSURANCE		ompany of America, Inc.
DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR		me of Company

SUMMARY SHEET

	Change in Company's premium or rate	te level produced by rate revision effective	01/01/2009
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
3. 4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	* **	
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers	\$2,033,534	+3.5%
	Compensation		
	Line of Insurance		
Does f	filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	
	description of filing. (If filing follow option of NCCI Advisory Rates	s rates of an advisory organization, specify of effective 01/01/2009	organization):
	diamental and an effect of the control of the contr	_	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



Rockwood Casualty
Insurance Company - FED
TAX ID 25-1620138

Name of Company

Andra M. Snyder, Regulatory Compliance Officer

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	January 1, 2009
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners 		
 13. Commercial Multi-Peril 14. Crop Hail 15. Other <u>Workers' Comp</u> Line of Insurance 	\$100,000 estimated	+3.5%
Does filing only apply to certain territory	territories) or certain classes? If so, speci	fy: This filing applies to all classes.
Voluntary Market Advisory Rates, Loss approval circular IL-2008-13 and in Filing		
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rat	es.
	Safety	First Insurance Company Name of Company
	<u>Marilyn Tinne</u>	II, CPCU - Compliance Manager Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2009



ILLINOIS DEPARTMENT OF INSURANCE

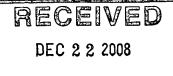
SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	January 1, 2009
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft 5. Glass	1115-151-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
5. Glass 6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		And the second s
15. Other Workers' Comp	\$1,500,000 estimated	+3.5%
Line of insurance		
Does filing only apply to certain territory	(territories) or certain classes? If so, specify:	No.
		<u> </u>
	ws rates of an advisory organization, spec	
Voluntary Market Advisory Rates, Loss	s Costs, and Rating Values effective Janu	uary 1, 2009 as published in NCCI
approval circular IL-2008-13 and in Filing	Circular IL-2008-07.	
Adjusted to reflect all prior rate changes		
	hich will result from application of new rates.	
Change in Company o promidin lover in	Their will reduit from application of flew rates.	
	Safety Natio	onal Casualty Corporation
	N	lame of Company
	Marilyn Tinnell,	CPCU - Compliance Manager
		Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JAN 0 1 2009

SPRINGFIELD, ILLINOIS



IDFPR (MPC) Division of insurance Springfield

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective 03/01/2009

-	(1)	(2) Annual Premium	(3) Percent
4	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger Commercial		
2			,
_	Automobile Physical Damag Private Passenger		•
	Commercial		· · · · · · · · · · · · · · · · · · ·
3.	Liability Other Than Auto		
	· · · · · · · · · · · · · · · · · · ·		
4. 5.	Burglary and Theft Glass		
5. 6.			
0. 7.	Fidelity		
7. 8.	Surety Reiler and Machiner		
о. 9.	Boiler and Machinery Fire		
9. 10.	· · · ·		
10. 11.	Extended Coverage Inland Marine		
11. 12.	Homeowners		
12. 13.	Commercial Multi-Peril		
13. 14.			
14. 15.	Crop Hail	40.500.047	. 5 0
15.	Other Workers Compensation Life of Insurance	10,520,817	+5.9
_	Life of insurance		
•	Does filing only apply to certai	n territory (territories) or o	certain
	Classes? If so,		
	specify: No		
	Brief description of filing. (If fil	ing follows rates of an ad	lvisory
	Organization, specify		
	organization):		tion is updated as shown.
	Revised manual page WCR-1 to 11	03-01-2009 replaces WCR-1	to 11 01-01-2008
		<u> </u>	
	*Adjusted to reflect all prior rat		from application of now
	**Change in Company's premi	um level which will result	. Irom application of new
	rates.	SECURA Incurance	e, A Mutual Company
			ne of Company
		Daniel P. Ferris - Of	
			Official – Title
			THOMAS THE

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS/IDFPR
// N / A ~

JAN V 1 2009 Change in Company's premium or rate level produced by rate revision SPRINGFIELD, ILLINOIS effective 01/01/2009 (2) (3) (1)**Annual Premium** Percent Volume (Illinois) * Change (+or-) ** Coverage 1. Automobile Liability Private Passenger Commercial 2 Automobile Physical Damag Private Passenger Commercial 3. Liability Other Than Auto **Burglary and Theft** 4. 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Worker's Compensation \$14,100,000 +2.5% Life of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI Voluntary Advisory Rates effective January 1, 2009. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Society Insurance, a mutual company Name of Company Chad Thurn - Staff Underwriting Manager

Official - Title

DEC 1 5 2008

IDFPR (MPC) Division of insurance Springfield

Form (RF-3)

SUMMARY SHEET

•	Change in Company's premium or rat	e level produced by rate revision effective	01/01/2009
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	1,788,869	+3.8%
•	Line of Insurance		
Does f	filing only apply to certain territory (to	erritories) or certain classes? If so, specify:	
Ador	description of filing. (If filing followating Illinois - Voluntary Market - Adetive 01/01/2009	s rates of an advisory organization, specify ovisory Rates and Rating Values as containe	organization): d in circular IL-2008-13

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



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Printing 08/95

ILLINOIS SUMMARY SHEET

FORM RF-3

Chan	ge in Company's premium or rate level produced by rate r	evision effective		January 1, 2009
	(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
1.	Automobile Liability			
١.	Private Passenger			
	Commercial		_	
2.	Automobile Physical Damage		_	
	Private Passenger			
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass		_	
6.	Fidelity	·		
7.	Surety		_	
8.	Boiler and Machinery		_	
9.	Fire			
10. 11.	Extended Coverage		_	
12.	Inland Marine Homeowners		_	
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Workers Compensation	4,032,621	_	3.5%
16.	Other			
	Line of Insurance			
Does	filing only apply to certain territory (territories) or certain cl	lasses? If so, specify	No.	
Wor	description of filing (if filing follows rates of an advisory org kers Compensation loss costs and rating value	s per NCCI Circular IL-2008-	13. The filing	of NCCI approved
loss	cost multiplier from 1.056 to 1.080. The filing m	naintains the current approve	a deviation c	JI -30.0%.
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result for	rom application of new rates.	-	
	LIVISION OF INSURANCE	The Stands	rd Fire Incur	ance Company
	STATE OF ILLINOIS/IDFPR		ne of Company	ance company
	JAN 0 1 2009		fficial - Title	2nd Vice President
	ı		mciai - Hue	
	Springfield, Illinois			

WC-IL-7

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Surety		
Boiler and Machinery Fire		
Estandad Ossanana		
Internal Mandage		
Llamanumana		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation Line of Insurance	184,266 (2007 DWP)	+ 3.5%
es filing only apply to certain territory (terr		
ef description of filing. (If filing follows rate ional Council on Compensation Insuranc	s of an advisory organization, specify or e, Inc. rate and rating value change.	ganization):
ljusted to reflect all prior rate changes. hange in Company's premium level which	will result from application of new rates	
nailge in company a promium level while	This recall from application of from rates	•
	Standard M	lutual Insurance Company
	Larry L. Bo	Name of Company
		Assistant Underwriting Manager
		Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN V 1 2009

Official - Title

ILLINOIS SUMMARY SHEET

(1)	(2)	(3) Percent
Coverage	Annual Premium Volume (Illinois)*	Change (+ or –)**
1. Automobile Liability	Volume (mm 1-)	• • •
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other than Auto		
4. Burglary and Theft	2. Homeoway and Management	
5. Glass	EINSURANCE	
6. Fidelity	ILLINOIS/IDFPH	
7. Surety	FINSURANCE ILLINOIS/IDFPR	
8. Boiler and Machinery		
9. Fire	0 1 2009	
11. Inland Marine	FIELD, ILLINOIS	
12. Homeowners	FIELD, ILLING	
	A STATE OF THE STA	
14. Crop Hail		3.5%
15. Workers Compensation	\$2,561,984	3.376
16. Other		
Line of Insurance		
	•	
Does filing only apply to certain territory (territories	s) or certain classes? If so, specify	
Applicable to all territories and classifications		
Brief description of filing (if filing follows rates of a	n advisory organization, specify organiza	ation) This filing is to adopt the NCCI
-		
oss Costs referenced in approval circular IL-2008-13.	The loss cost multiplier for StarNet Insurance	Company of 1.57 remains unchanged
he previously approved filing.		
ne previously approved limity.		
* Adjusted to reflect all prior rate changes.		
** Change in Company's premium level which w	ill result from application of new rates.	
	StarNet Insurance Comp	anv
	Stativet insurance comp	Name of Company
	Stania E Adama Sr Com	pliance & Regulatory Specialist
	SIACVE E. AUBITIS - SI. CUIII	mance a requiatory opecialist

FORM RF-3

DEC - 4 2008

RECEIVED

Change in Company's premium or rate level produced by rate revision effective <u>January 1, 2009</u> (1) (2) (3)

Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability	v dianio (minolo)	J. J
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$3,377,000 (2008 Es	timate) 3.8%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or ce	ertain classes? If so, specify	No
Brief description of filing (if filing follows rates of an advis	ory organization, specify organiz	zation)
IL-2008-07 IllinoisVoluntary Market Advi		
IL 2000 07 Inmote Volumery visuation 12012		<u>, </u>
Adjusted to reflect all prior rate changes. Change in Company's premium level which will result	from application of new rates.	
	:	SUA Insurance Company
		Name of Company
	:	Senior Counsel, Assistant Secretary
		Off : 1 Till

Official — Title

OF INSURANCE ATE OF ILLINOIS/IDFPR

JAN 0 1 2009

DEC - 1 2008

Form (RF-3)

SUMMARY SHEET

Change	in	Company's	premium	or	rate	level	produced	by	rate
revision	n e	effective	01/01/20	09					

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
ll. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
l4. Crop Hail 15. Other 16.0 - Workers	\$858,244	+3.5%
Compensation	2030,244	+3.5%
Line of Insurance		
If so, specify: No Brief description of filing. (If organization, specify organization	n): Adoption of NCCI Ill Compensation - Volum	inois Workers
		And the second s
		DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR
		1
<pre>* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new</pre>	rel which will	JAN 0 1 2009
		SPRINGFIELD, ILLINOIS
יים א	NSCHARD INSHRANCE COMPANY	OF AMERICA INC
TRA	NSGUARD INSURANCE COMPANY Name of Compa	
	Name of compa	 1
Gloria	A. Goldbranson, FLMI - Comp	oliance Support Leader
H29219D	Official - Tit	TE .

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective: 1/1/2009 ***CORRECTION*** AMENDED EFFECTIVE DATE OF 3/1/2009

	(1)	(2) . Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	<u></u>	
14.	Crop Hail		
15 .	Workers Compensation	4,560,637	4.0%
16 .	Other:		

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

We are adopting the 1/1/2009 NCCI IL voluntary rates with an effective date of

1/1/2009 ***CORRECTION*** AMENDED EFFECTIVE DATE OF 3/1/2009

- * In-force Written Premium
- ** Change in Company's premium level which will result from application of new rates.

Transportation Insurance Company
Name of Company

Sean Ramlal - Actuarial Analyst

Official - Title

OF INSURANC

STATE OF ILLINOIS/IDEPR

STATE OF ILLINOIS/IDEPR

1 2009



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IDFPR (MPC) Division of insufance Springfield Illinois

ILLINOIS SUMMARY SHEET

hange in	n Company's premium or rate level produced	by rate revision effective:	1/1/09
	(1)	(2)	(3)
	`,	Annual Premium	Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		-
7.	Surety		-
8.	Boiler and Machinery		
9.	Fire		
10 .	Extended Coverage		
11.	Inland Marine		
12 .	Homeowners		
13 .	Commercial Multi-Peril		
14 .	Crop Hail		
15 .	Workers Compensation	4,560,637	4.0%
16 .	Other:		
es fili	ng only apply to certain territory (territories) of	or certain classes? If so, specify.	Not Applicable
		L.VISi	ON OF INSURANCE
		STAT	E OF ILLINOIS/IDFPR
ief des	cription of filing (if filing follows rates of an	advisory organization, specify organization).	
	e are adopting the 1/1/2009 NCCI IL voluntar		0 4
<u>1/1</u>	1/2009	1	JAN 0 1 2009
_	C Will B		-
	force Written Premium	1	
Ch	ange in Company's premium level which will	result from application of new rates. SPRI	NGFIELD, ILLINOIS
			·-
		Transportation Ins	surance Company
		Name of	Company
		Sean Ramlal - A	ctuarial Analyst
		Officia	ı - ı ille

Chan	ge in Company's premium or rate level produced by rate	e revision effective	January 1, 2009
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3. 4.	Liability Other Than Auto Burglary and Theft		
5 .	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		_
13. 14.	Commercial Multi-Peril Crop Hail		
15.	Workers Compensation	5,371,162	8.5%
16.	Other		
	Line of Insurance		
			M
Does	filing only apply to certain territory (territories) or certain	classes? If so, specify	No.
Brief o	description of filing (if filing follows rates of an advisory of	organization, specify organization)	Adoption of NCCI approved
Worl	kers Compensation loss costs and rating value	ies per NCCI Circular IL-2008-1	3. The filing also increases the
loss	cost multiplier from 1.962 to 2.006. The filing	maintains the current approved	I deviation of +30.0%.
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result	t from application of new rates.	
		Travelers Ca	asualty & Surety Company
			e of Company
,			2nd Vice President
	LIVISION OF INSURAN STATE OF ILLINOIS/IDEPE	1	īicial - Title
	SPR!NGFIELD, ILLINOI	WC-II-7	Printing 08/95

	nge in Company's premium or rate level produced by rate rev	vision effective		January 1, 2009
	(1)	(2)		(3)
	• •	Annual Premium		Percent
	Coverage	Volume (Illinois)*		Change (+ or -)**
١.	Automobile Liability			
	Private Passenger			
	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
	Commercial			·
	Liability Other Than Auto			
•	Burglary and Theft			
j.	Glass			
). •	Fidelity	·	_	
7.	Surety			
3.	Boiler and Machinery			
∂ .	Fire			
0.	Extended Coverage			
1.	Inland Marine			
2. 3.	Homeowners Commercial Multi-Radi			
ა. 4.	Commercial Multi-Peril Crop Hail			*****
- . 5.	Workers Compensation	6,244,805		6.0%
5. 6.	Other			
٥.	Line of Insurance			
		•		
oes	s filing only apply to certain territory (territories) or certain clas	sses? If so, specify	No.	
				(1)001
		nization, specify organization)		f NCCI approved
ief	description of filing (if filing follows rates of an advisory organ	THE RESERVE OF THE PROPERTY OF	- is. The liling	
or	kers Compensation loss costs and rating values	per NCCI Circular IL-2008		also increases the
/or	description of filing (if filing follows rates of an advisory organ kers Compensation loss costs and rating values cost multiplier from 1.208 to 1.235. The filing ma	per NCCl Circular IL-2008 intains the current approv	ed deviation o	f -20.0%
/or	kers Compensation loss costs and rating values	per NCCI Circular IL-2008 intains the current approv	ed deviation o	f -20.0%
/or	kers Compensation loss costs and rating values	per NCCI Circular IL-2008 intains the current approv	ed deviation o	f -20.0%
/or ss	kers Compensation loss costs and rating values cost multiplier from 1.208 to 1.235. The filing ma	intains the current approv	ed deviation o	f -20.0%
/or ss	kers Compensation loss costs and rating values cost multiplier from 1.208 to 1.235. The filing ma	intains the current approv	ed deviation o	f -20.0%
/or ss	kers Compensation loss costs and rating values cost multiplier from 1.208 to 1.235. The filing ma	nintains the current approv	ed deviation o	f -20.0% Company of America
Vor	kers Compensation loss costs and rating values cost multiplier from 1.208 to 1.235. The filing ma	nintains the current approvement approvement application of new rates. Travelers Casua	ed deviation o	f -20.0%
/or ss	kers Compensation loss costs and rating values cost multiplier from 1.208 to 1.235. The filing ma	nintains the current approvement approvement application of new rates. Travelers Casua	ed deviation o	f -20.0% Company of America
Vor	kers Compensation loss costs and rating values cost multiplier from 1.208 to 1.235. The filing ma Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from	m application of new rates. Travelers Casua Na	ed deviation o	f -20.0%
/or ss	cost multiplier from 1.208 to 1.235. The filing ma Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from	m application of new rates. Travelers Casua Na	ed deviation o	f -20.0% Company of America
/or ss	kers Compensation loss costs and rating values cost multiplier from 1.208 to 1.235. The filing ma Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from	m application of new rates. Travelers Casua Na	ed deviation o	f -20.0% Company of America
Vor	cost multiplier from 1.208 to 1.235. The filing ma Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from	m application of new rates. Travelers Casua Na	ed deviation o	f -20.0% Company of America
Vor	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from LIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR	m application of new rates. Travelers Casua	ed deviation o	Company of America 2nd Vice President
/or ss	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from LIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR	m application of new rates. Travelers Casua Na	ed deviation o	f -20.0% Company of America
/or ss	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from LIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR	m application of new rates. Travelers Casua	ed deviation o	Company of America 2nd Vice President

Chan	ge in Company's premium or rate level produced by rate revi	sion effective	January 1, 2009
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
2	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
2	Commercial		
3. 4	Liability Other Than Auto		
4. 5	Burglary and Theft		
5.	Glass		······································
6. 7.	Fidelity		
	Surety		
8. 9.	Boiler and Machinery		
9. 10.	Fire Extended Coverage		
11.	5		
12.	Inland Marine		
13.	Homeowners Commercial Multi-Peril		
14.			
15.	Crop Hail Workers Compensation	18,147,302	5.5%
16.	Other	10,147,002	
10.	Line of Insurance		
,	Line of insurance		
Does	filing only apply to certain territory (territories) or certain class	ses? If so, specify	lo.
5003	ming only apply to contain tomory (termence) or contain every		-
Brief o	lescription of filing (if filing follows rates of an advisory organi	ization, specify organization) <u>A</u>	doption of NCCI approved
Work	ters Compensation loss costs and rating values p	er NCCI Circular IL-2008-13.	The filing also increases the
	cost multiplier from 1.509 to 1.543.		
*	Adjusted to reflect all prior rate changes		
**	Changes in Company's premium level which will result from	application of new rates.	
			`
		Travelers Indem	nnity Company of America
			f Company
		, , ,	, company
	1		2nd Vice President
	STATE OF ILLINOIS/IDFPR	Officia	al - Title
	STATE OF ILLINOIS/IDENSE		
	LED		
	i f		·
	JAN 0 1 2009 WC	-IL-7	Printing 08/95
	2 2009		
	1		
	SPRINGFIELD, ILLINOIS		
	,110019		

Chan	ge in Company's premium or rate level produced by rate revisi	ion effective	January 1, 2009
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	69,676,670	5.6%
16.	Other		
	Line of Insurance		
	filing only apply to certain territory (territories) or certain classe		0.
Brief	description of filing (if filing follows rates of an advisory organiz		doption of NCCI approved
Worl	kers Compensation loss costs and rating values pe	er NCCI Circular IL-2008-13.	The filing also increases the
loss	cost multiplier from 1.811 to 1.852. The filing main	tains the current approved de	eviation of +20.0%.
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from	application of new rates.	
		Travelers i	ndemnity Company
			Company
	MOUBANCE	rame or	Company
	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR		
	STATE OF ILLE D		2nd Vice President
	JAN 0 1 2009	Officia	I - Title
	SPRINGFIELD, ILLINOIS WC-	IL-7	Printing 08/95

Printing 08/95

ILLINOIS SUMMARY SHEET

FORM RF-3

Chan	ge in Company's pre	emium or rate level produced by rate revision	effective	J	anuary 1, 2009
		(1)	(2) Annual Premium		(3) Percent Change (+ or -)**
	Cov	verage	Volume (Illinois)*		Change (+ or -)
1.	Automobile Liabilit	v			
	Private Passen	•			
	Commercial	_			
2.	Automobile Physic	al Damage			
	Private Passen	ger		<u> </u>	
	Commercial			<u></u>	
3.	Liability Other Tha	n Auto			
4.	Burglary and Theft	t			
5.	Glass	_			
6.	Fidelity				
7.	Surety			_	
8.	Boiler and Machine	ery			
9.	Fire			<u> </u>	
10.	Extended Coverag	je		_	
11.	Inland Marine	_			
12.	Homeowners	_			
13.	Commercial Multi-I	Peril _			
14.	Crop Hail	_			
15.	Workers Compens	ation _	10,167,970		4.0%
16.	Other			_	
	Line	e of Insurance			
		1		N 1 -	
Does	filing only apply to co	ertain territory (territories) or certain classes?	If so, specify	No.	
Brief a	description of filing (i	f filing follows rates of an advisory organization	on, specify organization)	Adoption of	NCCI approved
Worl	kers Compensati	ion loss costs and rating values per l	NCCI Circular IL-2008-		
		om 1.509 to 1.543.			
1033	cost munipiner in	1.000 to 1.040.		······································	<u>-</u> -
*		all prior rate changes			
**	Changes in Compa	any's premium level which will result from app	olication of new rates.		
	V	DIVISION OF INSURANCE			
	1	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	Travelers Inde	mnity Compan	y of Connecticut
		FILED -		ne of Company	
		•			
		JAN 0 1 2009			Ond Man Desire
	!	_	<u> </u>		2nd Vice President
			C	Official - Title	
	, ,	SPRINGFIELD, ILLINOIS	,		

WC-IL-7

Printing 08/95

ILLINOIS SUMMARY SHEET

Chan	ge in Company's premium or rate level produced by rate revision	on effective	January 1, 2009	
	(1)	(2) Annual Premium	(3) Percent Change (+ o	
	Coverage	Volume (Illinois)*	Change (+ o	·· - <i>y</i>
1.	Automobile Liability			
	Private Passenger			
	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Workers Compensation	49,456,006	5.7%)
16.	Other			
	Line of Insurance			
		-O If an annaity	No.	
Does	filing only apply to certain territory (territories) or certain classe	s? If so, specify	NO.	
		·		
Brief	description of filing (if filing follows rates of an advisory organiza	ation, specify organization)	Adoption of NCCI approved	
Worl	kers Compensation loss costs and rating values pe	r NCCI Circular IL-2008-	 13. The filing also increases th 	ne
loss	cost multiplier from 1.359 to 1.389. The filing main	tains the current approve	ed deviation of -10.0%.	
*	Adjusted to reflect all prior rate changes		•	
**	Changes in Company's premium level which will result from a	application of new rates.		
		Travelers Proper	rty Casualty Company of Amer	ica
	1 (Calledon)	Nan	ne of Company	
	STATE OF INSURANCE			
	STATE OF ILLINOIS/IDEPR		2nd Vice Pres	ident
	n (Fr.) Emily		Official - Title	idont.
	JAN 0 1 2009		Jiliciai - Tille	
	2411 A I 5000			

(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+ or -) *
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$13,135,000	3.4%
Line of Insurance		
Does filing only apply to certain territory (territors) classes? If so, specify: No	tories) or certain	
Brief description of filing. (If filing follows rate	es of an advisory	
organization, specify organization):	or an advicery	
(1) We are adopting the NCCI approved 1/1/2009	voluntary loss costs	
(2) We are revising our premium discount tables.		
	i idago see Exhibit I.	
This is the NCCI Advisory Type B table.		

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

> Truck Insurance Exchange Name of Company

DIVISION OF INSURANCE James J. Gebhard, FCAS, MAAA STATE OF ILLINOIS/IDFPR Actuary, Workers Compensation

JAN 0 1 2009

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective:	1/1/2009 ***CORRECTION***	 AMENDED EFFECTIVE DATE OF 3/1/200
--	---------------------------	---

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -) **
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage	·	
Private Passenger		
Commercial		
Liability Other than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Workers Compensation	22,596,428	4.1%
Other:		

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

We are adopting the 1/1/2009 NCCI IL voluntary rates with an effective date of

1/1/2009 ****CORRECTION*** AMENDED EFFECTIVE DATE OF 3/1/2009

- In-force Written Premium
- Change in Company's premium level which will result from application of new rates.

Valley Forge Insurance Company Name of Company Sean Ramlal - Actuarial Analyst Official - Title

STATE OF ILLINOIS/IDFPR

MAR 0 1 2009

NOV 2 0 2008

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

ange ir	n Company's premium or rate level produced by rate	revision effective:	1/1/09
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
2			
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12 .	Homeowners		
13 .	Commercial Multi-Peril		
14 .	Crop Hail		<u> </u>
15 .	Workers Compensation	22,596,428	4.1%
6 .	Other:		
ef dese <u>We</u>	ng only apply to certain territory (territories) or certain cription of filing (if filing follows rates of an advisor are adopting the 1/1/2009 NCCI IL voluntary rates /2009	STATE organization, specify organization).	ON OF INSUMARICE IN OF ILLINOIS/IDFPR
In-	force Written Premium		NOFIELD, ILLINOIS
	ange in Company's premium level which will result	from application of new rates.	NGELETO, ITT.
CII	ange in Company's premium level which will result		The second secon
		Valley Forge In	surance Company
		Name of	Company
			Actuarial Analyst

DEC - 1 2008

Form (RF-3)

SUMMARY SHEET

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

	(1)	(2)	(3)
	(1)	Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other Work Comp	3,642,391	5.6%
	·		
	Line of Insurance filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	
rief	iling only apply to certain territory (t	s rates of an advisory organization, specify of the second	organization):
rief	iling only apply to certain territory (t	s rates of an advisory organization, specify of the sistence o	organization):
ief	iling only apply to certain territory (t	s rates of an advisory organization, specify of the sistence o	
ief	iling only apply to certain territory (t	s rates of an advisory organization, specify of the state	ner Insurance Company
ief	iling only apply to certain territory (t	s rates of an advisory organization, specify of the state of an advisory organization, specify or a state of a sta	
ief (iling only apply to certain territory (t	s rates of an advisory organization, specify of the second	ner Insurance Company Name of Company
ief (iling only apply to certain territory (t	s rates of an advisory organization, specify of the state of an advisory organization, specify of the state o	ner Insurance Company Name of Company

DEC 1 8 2008

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD
01/01/2009

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8. 9.	Boiler and Machinery Fire		
	Extended Coverage	1-1/	
	Inland Marine		
	Homeowners		·····
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers' Compensation	2,240,780	1.0%
	Line of Insurance		
	es filing only apply to certain territory (te les to all territories and classes.	rritories) or certain classes? If so, specify:	
	of description of filing. (If filing follows rates of the 1/1/09 loss costs published by NCCI (tes of an advisory organization, specify orga NCCI Circular # IL - 2008 - 07)	nization):
	justed to reflect all prior rate changes. nange in Company's premium level whi	ch will result from application of new rates. Vigilant Insurance Company Na	ame of Company
		Assistant Vice President	Stricial Title Stricial

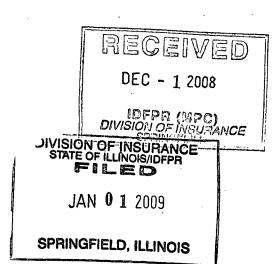
DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2009

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

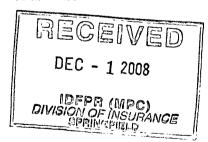
Change in Company's premium or rate level	produced by rate revision effective	1/1/2009
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
O Liebille Oil To Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	17,588,470	1.6%
Line of Insurance		
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specify	/:
Brief description of filing. (If filing follows ra 1/1/2009 loss costs and rating values with re	ntes of an advisory organization, spec vised company loss cost multipliers.	fy organization): Filing to adopt NCCI
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which		
	Wausau Bi	usiness Insurance Company
		Name of Company
	Bonnie Roeder	State Filings Analyst
		Official – Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revision effective	1/1/2009
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial	·	
2. Automobile Physical Damage		
Private Passenger Commercial B. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
5. Fidelity _		
7. Surety		
B. Boiler and Machinery		
9. Fire _		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	3,562,858	-7.9%
15. Other Workers Compensation	3,502,000	
	erritories) or certain classes? If so, specify rates of an advisory organization, speci revised company loss cost multipliers.	
Adjusted to reflect all prior rate changes. Change in Company's premium level wh	ich will result from application of new rate Wausau G Bonnie Roeder	eneral Insurance Company Name of Company State Filings Analyst
		Official – Title
		RECEIVED



JIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2009

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Automobile Liability Private	volume (minois)	Officings (* Of 7
Passenger Commercial		
2. Automobile Physical Damage		
3. Liability Other Than Auto		
5. Glass 5. Fidelity		
7 Curatu		
B. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
14. Crop Hail	40.000.070	.0.40/
15. Other Workers Compensation Line of Insurance	19,990,879	+0.4%
Brief description of filing. (If filing follows ra	vised company loss cost multipliers.	
	Wausau Ur	derwriters Insurance Company
		Name of Company
	Bonnie Roeder	State Filings Analyst
		• •
		State Filings Analyst Official – Title
		State Filings Analyst Official – Title
		State Filings Analyst Official – Title
		State Filings Analyst Official – Title
		State Filings Analyst Official – Title
		State Filings Analyst Official – Title RECEIVED DEC – 1 2008
	Bonnie Roeder	State Filings Analyst Official - Title PECEIVED DEC - 1 2008 DIVISION OF INSURANCE
	Bonnie Roeder JIVISION (STATE OF	State Filings Analyst Official – Title RECEIVED DEC – 1 2008
	Bonnie Roeder JIVISION C STATE OF	State Filings Analyst Official - Title PECEIVED DEC - 1 2008 IDFPR (MPC) DIVISION OF INSURANCE SPRINGIPELD DEC - 1 2008 D
	Bonnie Roeder JIVISION (STATE OF	State Filings Analyst Official - Title PECEIVED DEC - 1 2008 DIVISION OF INSURANCE SPRINGHELD DIVISION OF INSURANCE

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		1/1/09	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial			
Automobile Physical Damage Private Passenger Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail 15. Other Worker's Compensation	\$4,989,801	3.5%	
Line of Insurance	ψ+,000,001		
Does filing only apply to certain territory (ter-			
We are filing to adopt loss costs effective 1/	1/09.		
The distriction of the second			
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic		alty Insurance Company	
		Name of Company	
		Official – Title	



ILLINOIS SUMMARY SHEET FORM RF-3

Cha	ange in company's premium or rate level produc	ed by rate revision effective	01/01/2009	-
	(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**	STATE OF ILLINOIS/IDFPR
	Coverage	volume (minors)	Change (* Or)	Checo Electronic
1.	Automobile Liability Private Passenger Commercial			JAN 0 1 2009 -
2.	Automobile Physical Damage Private Passenger Commercial		0.	DINGFIELD, ILLINOIS
3.	Liability Other than Auto			_
4.	Burglary and Theft			_
5.	Glass			-
6.	Fidelity			_
7.	Surety			_
8.	Boiler and Machinery			_
9.	Fire			_
10	Extended Coverage			_
11	. Inland Marine			_
12	. Homeowners			_
13	. Commercial Multi-Peril			-
14	. Crop Hail			_
15	. Workers' Compensation	16,679,000	6.4%	_
16	. Other			_
Do	Line of Insurance pes filing only apply to certain territory (territories) or certain classes? If so, spe	ecify <u>No</u>	
Br W	ief description of filing (if filing follows rates of ar e are filing to adopt the 1/1/09 approved NC	n advisory organization, specify CCI rates and making a chai	y organization) nge to our current class de	viations.
*	Adjusted to reflect all prior rate changes. Change in company's premium level which wi	ll result from application of nev	v rates.	
			Zenith Insurance	
			Name of Com	
			Jason Clarke, Senior Vice I Official - Tit	President & Actuary

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	-Automobile-Physical-Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	and the second s	
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		<u> </u>
	Crop Hail		0.0%
15.	Other Workers Compensation	37,880,875	8.8%
	Line of Insurance		
Doe	es filing only apply to certain territory (erritories) or certain classes? If so, specify:	
	of description of filing. (If filing follows reputation of NCCI advisory loss costs and rating valu	ates of an advisory organization, specify orga	anization):
, .00,	Mon of the state o		
	justed to reflect all prior rate changes.		
**Cl	hange in Company's premium level wl	nich will result from application of new rates.	
		7. minh Amerikan Income an Oct	
		Zurich American Insurance Cor	· · · · · · · · · · · · · · · · · · ·
		Nai	me of Company
		Denise Goode, Secretary	
			Official - Title

LIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2009



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
2.	Passenger Commercial Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	-	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		20.0%
15.	Other Workers Compensation Line of Insurance	1,929,054	20.0%
	of description of filing. (If filing follows relation of NCCI advisory loss costs and rating value	ates of an advisory organization, specify ones effective January 1, 2009	organization):
	justed to reflect all prior rate changes. hange in Company's premium level wh	nich will result from application of new rate	
•	•	Danies Condo Socratory	
		Denise Goode, Secretary	Official – Title
	•		
		STATE OF INSURANCE STATE OF ILLINOIS/IDFPR	RECEIVED NOV 2 4 2008
		<u> </u>	DIVISION OF INSUFANCE